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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed activities often death. P	TO FUNDERAL DIRECTOR. After this certificate his been signed by the attending physician and conhibiter, affect in by the funeral should be detached for use as the function from the place is remove corbon copers. Pages Land 2 (hould be filled within 72 in with the State Desti of Health and Mental Hygiene prior to bundl, cremation, or removal. NAORTANT If from 21 is marked as them 18 show child injury, or other traumatic event, the medical externation realists double double.	10 COSI 330 M. 14. 1
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEDITAL HYGIENE

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1	16a W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55	Nechor	
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		174 PHYSICIAN'S NAME (TYPE	OR PRINT)			ADDRESS 500	Memo	rial Ave	nue		
4	0.2	Dr. William		Inc.	LANG OF S	Cumb	erla	nd, MD 2			
	- (BURIAL, CREMATION, REMOVA (SPECIFY) COMBMENT	151			emetery or crematory on Mem. Garde		LOCATION CITY OR TOWN	nd A	llegany	MD
		UNERAL DIRECTOR		02 Greene				D. BY REGISTRAR			
	Ge	corge-Upchurch	F.H. C	umberland	, MD	21502	111 1	7 1986	L'alian	Friday 1	Landa III

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7	W. CI	TY OR TOWN OF DE	ATH		F HOSPITAL, NURS IN		OR OTHER IN	STITUTION	TYPE OF WORK FOR ME	OST OF WORKING LIFE		F BUSINESS O
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STATE OF MARYLAND

Kight Funeral Home

23a BURIAL CREMATION, REMOVAL DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR Cumberland. William G. Kight

924 Seton Drive. Cumberland MD Jul. 3, 1986 Rocky Gap Vet. Cem.

Flintstone Allegany MD

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital as attending physician.

BP_ DHMH - 16 60M

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		CEASED NAME FIRST OR PRINT) Francis		ed.	Boor	AST	July	12,	1986	02:45A
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Chiffied	10. CI	ry or town of death Cumberland	Sacred H	FACILITY, GIVE STREET A	G HOME C ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST Retired		IZE KIND C	F BUSINESS OR
outside ?	M		egany	ive residence before 13. CITY OR TOW Cumber	Land	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Route 5,	ZIP CODE	345 /	21502
10		Joseph	MIDDLE	Boor		Alma	WIDDLE		iott 1AS	it
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2b. HOUR 0600 IF UNDER I YEAR F UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Home 13e.STREET ADDRESS / ZIP CODE 63 Blocker St. 26753 Lanam 61 Blocker Street Ridgeley, W. Va.

YES [

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THE DAY SIGNED

"Mential Hospital & Medical Center

Sunset Memorial Park

STATE OF MARYLAND

Cumberland-Allegany-MAryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

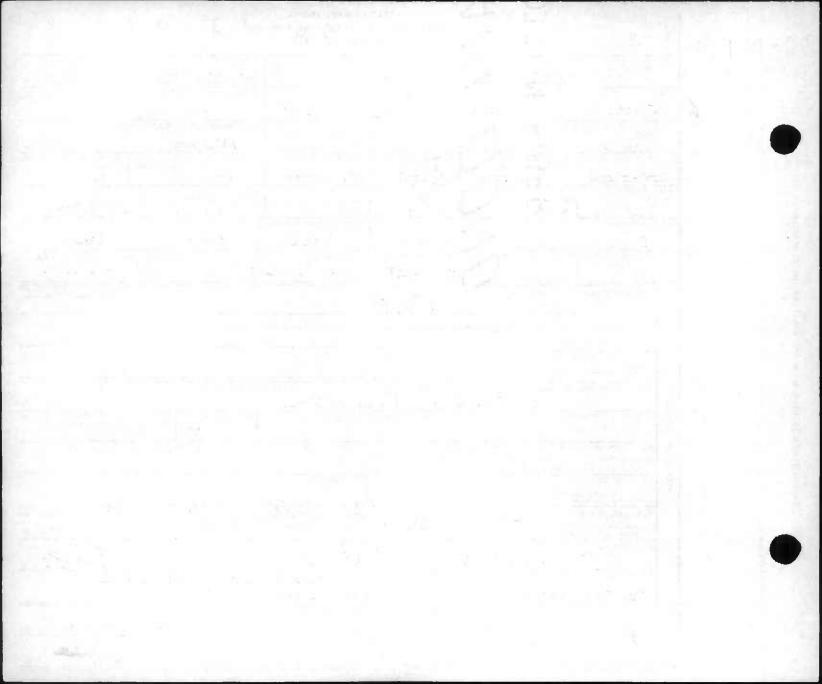
24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland. Md. 21502

Burial

DHMH - 16 60M 7/84

(VRA 15, 4)

widon-Randale



requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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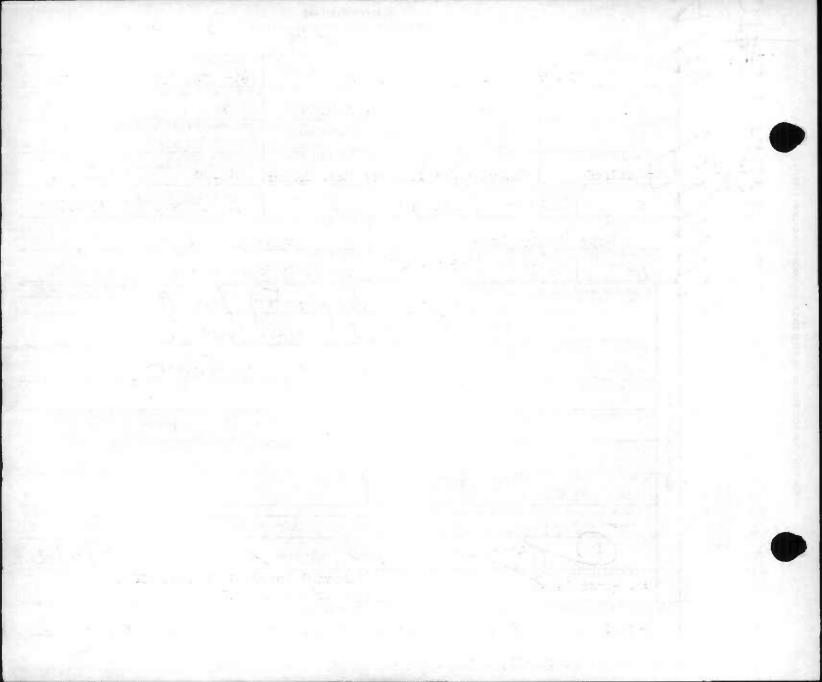
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3 SEX			4 RACE		5. DATE C		6 AGE (IN)			IF UNDER 1 YEAR	IF UNDER 24 MR5
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	OUNTRY)	FOREIGN		WHAT COUNTRY?	MARRIEI	NEVER MARRIED				Y OF DEATH	
	WV		USA		WIDOWE			Alleg	any		MD
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C	umberland		Memori	al Hospit	al an	d Med. Center	reti			Tire	Co.
	AL RESIDENCE (# NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
30 3	MĎ	Alle	egany	Cumber I	and	13d. INSIDE CITY LIMITS?	13e.STREET 820	address Gedi	/zip.com nart [Prive/21	502
4 FA	THER'S NAME		3			15. MOTHER'S MAIDEN NA					
	FIRST		MIDDLE	LAST		FIRST		MIDDLE		LAS	Ť
			ter Bra				y Mae	valer	tine		
90 V	VAS DECEASED EVER (ES. NO OR UNKNOWN) YES	(IF YES GIVE	WAR OR DATES)	705-07-6		17. INFORMANT) + t	O . sala .		J MD	
	yes	WW .	L1			Mrs. Hilda E	rant,	CUIIDE	stranc		
	18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), one	d (c).1	0 1 1	1		0	BETWEEN C	MATE INTERVAL DNSET AND DEATH
	PART I. DE ATH V		CAUSE (a)	Cando	0-	Kes monto	m t	122	7		
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Š	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?		ES, WERE FINDIN IFYING CAUSES	
E.							YES 🗌	NO		ES 🗌	NO 🗌
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AL	OR CONTRIBUTING			M. MONTH DA	19						
MEDICAL	21d INJURY OCCUR		21e PLACE			21f LOCATION					
¥	WHILE NOT WE	HILE	(AT HOME, STE	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE
			-1) -441 -1 41	1 4						10	
	220 I certify that (1)					d that in (my) (aur) apinian		d no the e			that (1) (we) last
	saw the deceas above, (1) (we)	did) (did not	view the body	ofter death.			dedin occorre	d on the c	idie and no		
	22b. SIGNATURE	1 1	rows			DEGREE	denien	67.		The DATE	SIGNED
	U		/		N	ATTENDING PHYSICIAN [DIRECTOR	PHYSI	CIAN	1/1	8/80
	226 PHYSICIAN'S N					Memorral Hos				ldg.	1
	Dr. Qamar	Zaman	1			Cumberland,		502			
3a B	URIAL, CREMATION.	PEMOVAL	23b. DATE	1 23c N	LAME OF C	EMETERY OR CREMATORY	23d LOC/				
	SPECIFY)	NEMO TAL					CITY	OR TOWN		COUNTY	STATE
24 51	Burial INERAL DIRECTOR		07-29	-1986 R	estla	wn Memorial P	'antk C	umber		Allega	
29 FL	NAME NAME			ADDRESS		/ 1814 DAI	A AGG	EGISTRAF		STRAR'S SIGNAT	
	James F.	Scarpe	elli. Cu	umberland	. MD	21502 JUL 3	1 1986	1 wh	hence	301-10-10-	5

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Perith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

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requires that the death certificate be

ATTENDING PHYSICIAN. The low

TO HOSPITAL OR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(TYPE	CEASED NAME FIRST				REG. N				
	OR PRINT) Alma	Onedia	Brehr	n	20 DATE OF DEATH	момтн 07	21	VEAR	26 HOUR 2:55
3. SE3	-	4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS	RIYEAR	
/	Female	White	Oct. 2	5, 1898	87	YRS		DATS	2:55 IF UNDER 24 HI HOURS MI DE BUSINESS (1502 ST GRAPH TANDORAL ONSET AND ORAL ONSET
	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
	umberland, MD	U.S.A.	WIDOWED	DIVORCED [Allegar	ıy			
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OT		17a USUAL OCCUPAT			KIND O USTRY	F BUSINESS
	imberland	Lions Manor	Nursing	Home					
13a. S	STATE 136 COUR			INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO	DE		
		gany Cumbe		S NO 🗆	1121 Tilg	hman	St	21	1502
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	Samue1	F. Shewb		Marv			Gu	thri	idae
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	No -	216-22-	6697 W	arren G.	Brehm	same	25	13:	9-9
	18 CAUSE OF DEATH (Fote) DE	nly one couse per line for (o) gib), (22 (211)				
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Septic							Ange i mary trees
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT	. Hype	C .	20b 1F)	res, weri	E FINDIN	IGS USED
- E					YES NO		YES 🗌		NO 🗌
	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	TID TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	JRY IN ITEM 1	8 PART I OR	PART 2)	
N N	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19						
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		LOCATION	CITY OR T	OWN	(0	YINU	STATE
	22a I certify that (I) (this hosp	ital) attended the deceased from	4-	3 , 19 70	4.10 7-9		. 19_8	6	that (1) (we)
	sow the deceased alive an	7 - 2 19.	86 , and the	it in (my) (our) opinioi	death accurred on the o	lote and h	our and f	om the	couses stated
	776 SIGNATURE) _	DEGR	EE			27	DATE	SIGNED
	7. A. Kany		Too.	ATTENDING PHYSICIAN ADDRESS	MEDICAL STA			7-2	2-8
	V. A. Ranjish				Drive, Cumbe	erlan	d, M	D 21.	502
	BURIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMET	ERY OR CREMATORY					
	BURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL			(emorial	Park Cumb	arla	coun	110	STATE

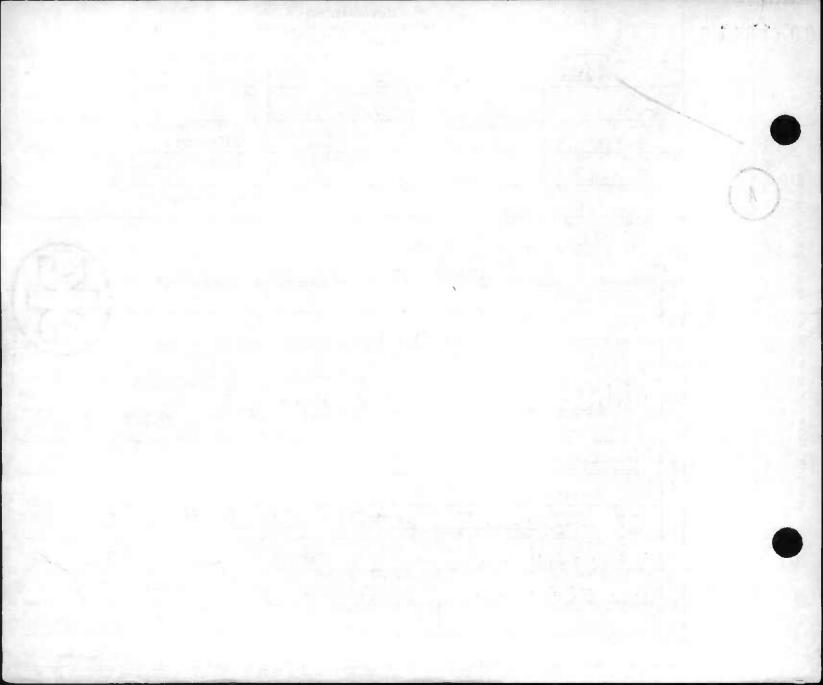
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BaltimoreAve. Cumberland, MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.



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5	N	RTHPLACE (STATE OR FOREIGN	U.SA		MARRIED		9 BALTIMORE ALLEGAN			H MD
2	CU	MBERLAND	SACRED	HEART HO	SPITA	R OTHER INSTITUTION	12a. USUAL OC	R MOST OF WORKIN	NG LIFE) INDUS	
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2	4. FA	SOLOMON	MIDDIE	BRODE		KATE	M	HODLE	MURR	EL
	6a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	213-12		MRS. JAMI	FROST ES E. BR	BURG,	MD 2	1532 ST AVE.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY TE CAUSE (a)	Pena		ilure			BETW	PROXIMATE INTERVAL
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sit permit Transcription Shows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F		OPERATIO		YES NO YE	S, WERE FINDING YING CAUSES O	S USED F DEATH?
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0 % = 3	23n R	URIAL, CREMATION, REMOVAL		73, N	AME OF C	METERY OR CREMATORY	RIVE, CUMBERLAND	, I'IU Z154	h-
	130 0	Burial	07-26-198			n Memorial Pa	CITY OR TOWN	COUNTY	STATE
6 60M 7/84	24 FL	NERAL DIRECTOR James F. Scarpe				25a. DATE		Allegan Ranssicslaud	MD Fr. Randale

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00-12	2632	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF I	IEALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	5 5		
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8 8	pool pool			DAM		BU	RKETT	July 12, 198	6	6:35A A	
of 8	-	1/5	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDA		AR IF UNDER 24 HRS	
4 5 ×	· H		Male	White		Jan	. 07, 1898	88	YRS MONTHS DA	YS HOURS MIN.	
9	RK	der B	THPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH	WC	
ton touther d	1135		ITY OR TOWN OF DEAT mberland	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET al Hospita	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO TOOL Maker	PRKING LIFE) 12b. KING INDUSTI A.B	12b. KIND OF BUSINESS OR INDUSTRY A.B.L.	
24 hou	235	M:	aryland	B COUNTY Allegany	GIVE RESIDENCE BEFORE 13. CITY OR TOW LaVale		13d INSIDE CITY LIMITS? YES MO [13. STREET ADDRESS 4 ZIII 1120 Wesle	y Ave./	21502	
MARYI ded with	40		Tohn Tohn	Adam	Burket		Matilda	WIDDIE	McFar	Tand	
TIMORE be every	r Pogns			U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-09-		Nina A. Bu	rkett - sam		OVE	
1 W PRESTON ST that the death cert by the attending	des remotes parbo al, cremotion, or re- r pitter traumatic e		Conditions, if ony, gove rise to imme couse 101, stating underlying cause	ediate	DR AS A CON	dor	mul C	7			
RDS, 20	Then pla r to burst injury, d	NOI	PART 2. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	ON GIVEN IN PART	110	
VITAL RECORDS N. The law required by scale by seen so	1	CERTIFICAT	19a DATE OF OPERATION	ON 196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		B. IF YES, WERE FIN CERTIFYING CAUS YES [
DIVISION OF VITA REALING PHYSICIAN T HOSPITE & attenting physics RECTOR After this certificate	their for use or the buriof-froms rept, of Health and Mentof Hygi Iber 21 is marked or Item 18 th	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (HE EITHER NOTHY MEDICA 21d INJURY OCCURRE NOT WHAT AT MORE 220 certi	ALEXAMINER) HOUR A REPART P 21e PLACE (AT H90 S1	.M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	19	21f LOCATION STREET 19 10 11 at in (my) (aur) opinion DEGREE	death accurred on the data of	B 86 and hour and from t	state that (I) (we) last	
OSPITAL C	the Shirts 1		22d PHYSICIAN'S NAM Dr. Willia	ME (TYPE OR PRINT) am Lamm	pala	/wu	22e ADDRESS Mem	MEDICAL STAFF DIRECTOR PHYSICIAN Orial Hospita	l Medical	Bldg.	
0 0	2 9 4	_	<u> </u>				Cum	berland, MD 2	1502		

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 7/14/86 Burial

23c. NAME OF CEMETERY OR CREMATORY Fbg. Mem. Park

STATE OF MADVIAND

Frostburg, Allegany,

24 FUNERAL DIRECTOR John J. Hafer, Er. LaVale, MD

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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TAMBORIA TO A STREET

Surfall 7/14/86 Tig. Non. Park Troothurs, Lammy, 131

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	hot
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		FOR STATE REGISTRAR CEASED NAME FIRST	DEPAR		TE OF MARYLAND HEALTH AND MENTAL HYO	REG. N		
		OR PRINT) DAN I		BURL		20 DATE OF DEATH	07 18 86	
	3. SE		4 RACE	T		6 AGE (IN YEARS LAST BI		
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15	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY) LINNSYLVANIA	U.S.A.	/2 8	IED X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	CUMB
7	CU	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE MEMORIAL HOSPI	TAL		12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST MILL Rm K		D OF BUSINESS
35	MA	RYLAND ALLE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 130. CITY OR TO CUMBERL		YES X NO	817 MANNS	ZIP CODE TERRACE/21	0
1			Nelson Burl		15. MOTHER'S MAIDEN NA Orpha	B.		ladden
/ medico		VAS DECEASED EVER IN U.S. (15 YES, 10 OR UNKNOWN) (15 YES, 1	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 176-14-7		Marguerite B	ADDR Wrley-Addre		#13 abov
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flem 21 is marked or flem 18 shows any injury,	MEDICAL	PART 2 OTHER SIGNIFICAN' 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LE (IF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive to above, (1) (we) (did1 (did 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pitol) ottended the deceosed from not yiew the body after death.	DAY YEAR 19 . FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 212. ATTENDING PHYSICIAN 213. ADDRESS	200 AUTO YES NOTE CITY OF TO depth occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FIN IN CERTIFYING CAUSTYES PART 1 OR PART 1 OWN COUNTY 19 ote and hour and from the part 1	DINGS USED SES OF DEATH? NO [] STATE that (1) (we) if the causes stated
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23c NAME OF CEMETERY OR CREMATORY

~16-60M 7/84

Burial 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, MD

236 DATE

7-5-86

230 BURIAL, CREMATION, REMOVAL

Cumberland-Allegany-Maryland Sunset Memorial Park

CCD BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1 250 DATE DE

0-14584	FOR T = STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	1 8 4 6 8
e 64	1. DECEASED NAME FIRST (1YPE OR PRINT)	NCE NMI CARI	PENTER	20 DATE OF DEATH MONTH 7 2	8 86 10 4 M
ge 4 may	FEMALE	4 RACE WHITE	JULY 20, 1920	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
deoth. Po	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE CITY	76. CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIED X NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY Allegany	
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24 hour	USUAL RESIDENCE (IF NURSING HOME (13a. STATE MARYLAND WAS	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A INTA egany. City or town HENCOCK	YES NOVY	13. STREP ADDRES#3ZIP COPI -Pit-3/14 BOX 5	21750
completely	FATHER'S NAME FIRST Walter	MIDDLE Simons	en Anna	WIDDIE	Gramblett
be execut on and ca	(YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECUR 216 12 72		Carpenter Hancoc	k, Md. 21750
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21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

that in (aur) apinian death accurred on the date and haur and from the causes stated 22t. DATE SIGNED DEGREE

ATTENDING FEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN V.E, MAZZOCCO MO

9/28-TON DRCUMBEALAND 40 21502

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Burial 8/1/1986 Carpenter Cemetery Orma, ROANE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNDRAL DIRECTOR

AUG 5 1986 Javidon-Royales

PRIVATE NUMBER OF THE 20, 1921 SE TOTAL VENERAL TOTAL TOTA Dealan Meliner in grant with the Steel was the St. A. White The said of the sa V.E. MAZ SECCO M. STESSMEN SHEET WAS SECONDER

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offer.		3. 3EA	female	whit	to	MONTH		97	MONTHS DAYS	HOURS
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Et.	3	С	OUNTRY)	_	SA	MARRIE	DIX DIVORCED	ALLEGANY COL	YTY	
the fun		10. CI	YORTOWN OF DEATH Cumberland	(IF NOT IN SU	HOSPITAL, NUR JOH FACILITY, GIVE STR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	of BUSINES home
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illed old E	35	13a. S	TATE 1136	Allegany	Cresar		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII	Road/2150	12
pletely f	X Quaring		THER'S NAME	Robert Sher	LAST	3 town	15. MOTHER'S MAIDEN N.		LA	
ond com	Tedico e		AS DECEASED EVER IN				Mr. Alvin C	. Catlett, For	ct Ashby, W	W - 9
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10022		CEASED NAME FIRE	\$1	WIDDLE	L	AST	20 DATE OF	DEATH MONTH	DAY	YEAR 2	h HOUR A
by be			NNA	MAY	C	LARK		15, 1986			7:00
tror, p	3 SE	female	4. RACE	ite	5. DATE O	F BIRTH 5-09-1889	6 AGE (INY	ears Last BirthDay)	MONTHS		HOURS M
Pog dire	70. BI	RTHPLACE (STATE OF FOREIG		OF WHAT COUNTI	PY2 8		9 BALTIMO	RE CITY OR COUN	TY OF DEA	ATH	
9 20 th		MD	US	Α	WIDOWE	NEVER MARRIED		Allegany			
by the funding a mortified a	10. C	TY OR TOWN OF DEATH Cumberland	11. NAME O	of Hospital, Nur such facility, give sti Memorial	SING HOME O	R OTHER INSTITUTION	12e USUAL O	OCCUPATION K FOR MOST OF WORKING SEWITE	LIFE) 12b K	JSTRY	business home
filled in	13a. S	MD	ome or other instituti county Allegany	13c. CITY OR TO	fore admission) own erland	13d. INSIDE CITY LIMITS? YES NO [30	address / zip co 10 South S	treet	:/215	502
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Poges 1		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES YES, GIVE WAR OR DATES			Mrs. Bertie	Palmer	, Cumberla			
nding physici corbonpoper i, or removal. notic event, th		18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM	EDIATE CAUSE (a),	, OR AS A CONJE	rice	Dens	ful	-	BG	WEEN ON	ATE INTERVAL
ed by the otte please remove irial, cremation or other trour		Conditions, if ony, whi gave rise to immedia cause (a), stating t underlying cause to PART 2 OTHER SIGNIFIC	ote the DUE TO	, OR AS A CONSE		NOT BELATED TO THE TE	DAAINIAI DICEAC	E OR CONDITION C	IVEN IN D	ADI La	
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for use of Health		22a.1 certify that (1) (this saw deceased a abave, (1) (we) (did)	Ne on	10	110	d that (n (m)) (aur) opinio	an death occurre	d an the date and h	our and fre	the co	oat (1) we)
ERAL DIRECTOR de detoched Stote Dept.		22b. SIGNATURE	<u> </u>	15	V	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	220	DALESI	GNED
TO FUNERAL Should be de with the Stot		Dr. Fiscus	(TYPE OR PRINT)	0		Memorial Ho Medical Bui	spital		d. Md	. 21	502
₩ 5 3 3	23a. I	BURIAL, CREMATION, REM				EMETERY OR CREMATOR	Y 23d. LOCA	ATION			
D		Burial	1.07_1	17_1986	SS Poto	r Paul Compt	ary Ci	or lown	4116	COON	MD

COUNTY STATE and hour and from the causes stated 226 DA E SIGNED and, Md. 21502 Cumberland -1786 | 22 Lefel Lant femerell MATERICO, BY REGISTRARIASI, REGISTRARIA SIGNI PRO James F. Scarpelli, Cumberland, MD 21502

26 HOUR A

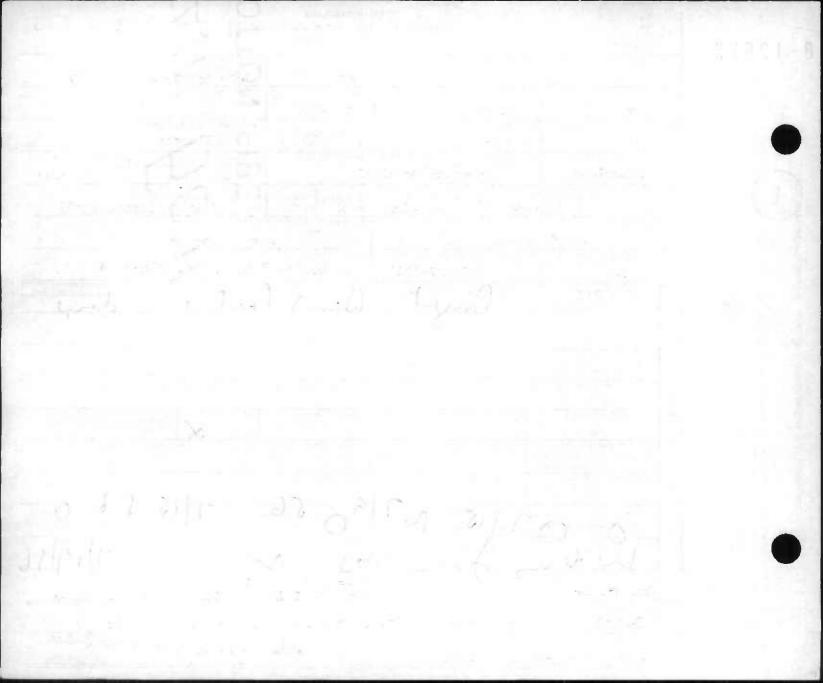
126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BEAWEEN ONSET AND DEATH

7:00 M IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification within 24 hours ofter death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottend or process in a campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove continuously has a lond 2 should be filled without 20 hours after death with the State Deat of Manith and Manith Hansan print to furial premation or	IMPORTANT: If them 21 is morked at them 18 shaws any injury, or other traumatic event, the medical expanser matches halffied at other.
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STATE OF MARYLAND DEPA

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RTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CE	RTI	FIC	ATE	OF	DEATH		

76 DATE OF DEATH MONTH July 20, 1986 AGE (IN YEARS LAST BIRTHDAY)

		20. 11001				
		2				
1	IF UNDER TYEAR	IF UNDER 24				
ı	MONTHS DAYS	HOURS				

DATE OF BIRTH 3. SEX 4 RACE Male White Za. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

Manatee

IMMEDIATE CAUSE (0)

19. Mau 1907 MARRIED THE NEVER MARRIED

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

9 BALTIMORE CITY OR COUNTY OF DEATH **Allegany** 120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e.STREET ADDRESS / ZIP CODE

MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY Newspaper

Memorratur Hospital Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 110. CITY OR TOWN Florida

EIRST

SANFORD

Holmes Beach

MIDDLE

LEE

13d. INSIDE CITY LIMITS? YES X NO [15. MOTHER'S MAIDEN NAME

509 - 68th. Stree

Editor

4. FATHER'S NAME James

Michigan

10 CITY OR TOWN OF DEATH

FOR

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

MIDDLE Manrae

U.S.A.

Cooper 16h SOCIAL SECURITY NO

Mattie 17 INFORMANT

ADDRESS

Craft

Grace R. Cooper - Address same as #13 above 168-03-8882 18 CAUSE OF DEATH (Enter only one couse par line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

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Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CRISEOUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 100 AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

190 DATE OF OPERATION

mon

210 ACCIDENT WAS UNDERLING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE ONDEATH

MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXMALTER) P.MC 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE NOT THILE AT WORK

211 LOCATION

 10	
Maity OR TOWN	cou

22a.) certify that (1) this hospital) attended sow the deceosal alive or above, the world did not view the body prior dec 276. SINSMATOR

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

Dr. Howard Diener

77d PHISTIAN'S NAME CTYPE OF

73a. BURIAL, CREMATION, REMOVAL

Cremation

Cumberland, MD 21502 23c. NAME OF CEMETERY OR CREMATORY

Memorial Hospital

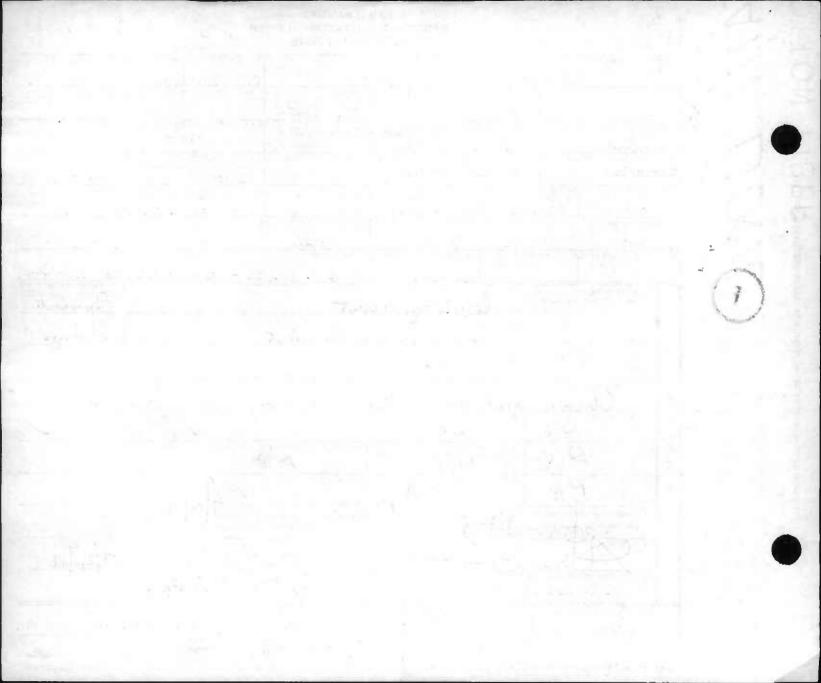
Rosedale Funl. Chapel 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

Martinsburg-Berkeley-West Va. 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

202 Greene Street-Cumberland, MD 21502

- Bridge Pandalle

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complicitly taked in writer funeral director, page 3 should be detached for use as the burial-transit permit. Then please rambers carbon pages. I grad 2 should be destined within 72 hours after death with the State Dept. of Health and Mental hygiene prior to burial, cernation, or removal. IMPORTANT: If them 21 is marked or item 18 shades any injury, or other transments event, the inedical commitments are constituted as only.
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		122a I certify that (I) (this ha saw the deceased alive above, (I) (we) (did) (did	on	18 19	,	d that in (my) (a	ur) opinion d	, to eath occurred	on the date	ond hour			
		W Na	nery of			РН	TENDING TYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N	226 [Z-	21-86
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Trader Penders

STATE OF MARYLAND

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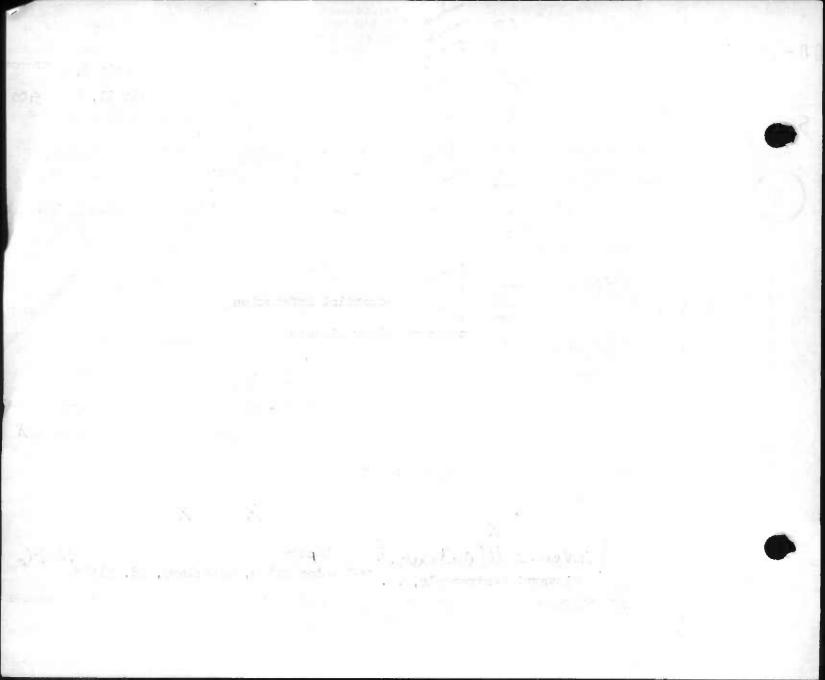
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND (120)
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3
should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages Trand 2 should be that million 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M

1	FOR STATE REGISTRAR			DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	1 6	3 4	10
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23	BURIAL, CREMATK	ON, REMOVAL	23b. DATE 08-01-1986		L EMETERY OR CREMATORY EMOTIAL Park	23d LOCATION CITY OR TOWN Cumberla		ounty llegar	STATE MD
24	FUNERAL DIRECTO		elli, Cumbe	ADDRESS.	259 PA	1E REC'D. BY REGISTRAR 04 1986	25h REGISTRA		

ALBOOK FEE JEES HES LINES

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 26 HOUR UNK NO (TYPE OR PRINT) DEATH MATED ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. LONG WITH FORM PAN 3 TRETAIN PAGE \$*FTOR YOUR FILES. PREMIT. PAGES 1 AND 2 SHOULD BEPULD WITHIN 12 HOURS GIENE, DIVISION OF LUTAIN RECORDS, 2014W. PRESTON STREET, Howard Jacob Decker 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS 5100 500 M IF UNDER 24 HRS DATE July LAST BIRTHDAY) PRONOUNCED 08-10-1907 male white DEAD a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED MD Allegany WIDOWED X DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Cumberland 127 Pennsylvania Avenue retired railroad 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland MD 127 Pennsylvania Avenue/21502 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph John Decker Louise Hensel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 705-07-8033 Mrs. Janice Creason, Cumberland, MD CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT, OF HEALTH AND MENTAL HYGIENE, D. BAITYMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Coronary Artery Disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I toak charge of the remains described above, held an Natural causes death resulted fram: Deputy DATE 7-12-8(MEDICAL EXAMINER 900 Seton Drive. Cumberland, Md. 21502 EXAMINER'S NAME Giovanni Mastrangelo.M.D. TYPE OR PRINT 236.BURIAL, CREMATION, REMOVAL 236. DATE O7-73d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 07-16-1986 St. Marvs Cemeterv Cumberland Allegany MD 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 **DHMH-17** (VR A15 ME (5)) Devidson: 15M 2/80



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w requires that the death been signed by the ottendi mit. Then please remove ca riral to burial, cremation, a my injury, or other traumat	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, CONDITIONS C	ONTRIBUTIN		NOT RELATED TO THE TERM	INAL DISEASE OR COM	20b. IF YES	S, WERE FINDIN	NGS USED
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ottending ter this ce is the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	DEFICE, FARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
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O HOSPITAL OR A etoined by the hos TO FUNERAL DIRECTANGLE described with the Stote Dept. MPORTANT: If hem		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	20	ten	is no	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	AFF CIAN []	7/1	SIGNED 4/86
stoned by TO FUNER should be with the Str		THOMAS LEWIS,	MD			P.O. BOX 245	5, CUMBERL	AND, MD	21502	
BP	23a	BURIAL, CREMATION, REMOVAL		-1986		EMETERY OR CREMATORY Memorial Park	23d. LOCATION		Allegar	ny MÖ
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR James F. Scarp	elli, C	umberî	and, MD	21502 JUL	1 7 1986		RAR'S SIGNATI	

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•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	haurs
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		MARY ANN			Transa	DE DIDTU		LY 31		IF UNDER 1 YEAR	9:0
	3 SEX	X	4. RACE		5. DATE C		AGE IN	YEARS LAST BIRT	MI MI	ONTHS DATS	HOURS
in		PEMALE	WHITE		OCTO	BFR 8 1918	67		YRS.	00.000.000	
10		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		- T	R COUNTY	OFDEATH	
0	10.00	MARYLAND	USA	LIOCHTAL MURCH	WIDOWE	DROTHER INSTITUTION		LEGAN		125 KIND C	SE BLICIA
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1	USUA 130. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC	E OR OTHER INSTITUTION	13c CITY OR TOV	RE ADMISSION)	136. INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	213	50
Car Serve			LEGANY	CUMBERLA	ND	YES NO TY	13607	PERSI	TING S	THEFT	W
Z2	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	MIDDLE		LA!	ST
U		SAMPSON		JORDAN		MARY				TETT	TR.
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		YES NO OR UNKNOWN) (IF YES,		220-10-	9167	JUDITH AVER	Y RFD 1	CUMBE	RIAND	MARYT	VMD2
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29		Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHEY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) (this he sow the deceased alive above, (1) (we) (did f (did))	DUE TO, C (b) DUE TO, C (c) 19b. CONDITIONS C 19b. CONDITIONS C 19b. TIME C HOUR A HOUR A 10c PLACE (AT HOME, S) 20c place 10c place (AT HOME, S) 20c place (AT HOME, S)	OR AS A CONSEQUE ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OTHER OF INJURY TREET, FACTORY, OFFICE, he deceosed from	DEATH BUT H OPERATIO DAY YEAR 19 FARM.EIC)	PHYSICIAN	ZOG AUT YES URRED (ENTER N MEDICAL MEDICAL	SE OR CONI	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	COUNTY 22c. DATE 3 Aug	that (I)
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SETEL VILLEGE

ATTENDING PAYSICIAN. The law equires that the death certificate be executed within 24 hours ofter death. Page 4 may be

1.	FOR STATE		tional	HighWayrt	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	esent.d	8 4	8 0
	REGISTRAR CEASED NAME OR PRINTS	Lavale,	MD. 21	502 MIDDLE		AST	REG. NO		Y YEAR	26 HOUR
(TIPE	OR PRINT)	Vera	Sa1	.ome	Dicke	erson	July	26,	1986	11:20pm
3, SE	Pemale	4	RACE White	9	June	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. BII	COUNTRY ONIO	OR FOREIGN 7	US!	WHAT COUNTRY?	MARRIEI WIDOWE	D MEVER MARRIED DIVORCED	BALTIMORE CITY O Allegany	_		MD
1	mberlan		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET MACHET I	ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Retired	ON	17h KIND O	rary
13a S	AL RESIDENCE (IF)	13h COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFORE 13t. CITY OR TOW LaVale	ADMISSION)		13. STREET ADDRESS / Gramlich	ZIP CODE Road	7 31	502
14 FA	THER'S NAME Banner		IDDLE	Crawfor	rd	15. MOTHER'S MAIDEN NAME OF THE STREET OF TH			LAS	1
	VAS DECEASED EY		ED FORCES? WAR OR DATES)	166 SOCIAL SECU	2181	Ray C. Dic	ADDRE		as ab	ove
NO		immediate lating the ouse last	(b) DUE TO, OI	R AS A CONSEQUE	ENGE OF	NOT RELATED TO THE TERM	A DISEASE OR CONI	DITION GIVE	170 N (N PART 110	days:
CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEAT	1	FINJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDICAL	WHILE NO	URRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		t (I) (this hospito cosed alive an _		e deceased from	, ar	19	medical STAI	FF.		
1	22d. PHYSICIAN	Dr. Geo		228		912 Seton I	Orive, Cumbe	rland	Md 2	21502
-		LIL & GCU	FAC DEC	ARCHA.		TE DECOULT	THE PURILIFIER	THE MAN	, and, a	-1-02
23a E	Burial, CREMATIC	ON, REMOVAL	73b. DATE Jul 29			Lawn Mem. Ga	23d. LOCATION CITY OR TOWN LaVale	All	county egany	STATE

BP______ DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the centreme has been signed by the ottending physicion and completely the plant to be corbon popels. Pages 1 and 2 shann the State Dept. of Health and Mentral Hygeries prior to buriol, cremation, or removal. INPORTANT If then 21 is marked at them 48 shares any injury, or other troumotic event, the medical exa

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DEPARTMENT	OF	HE	AI	TH	AND	MEN

FOR STATE REGISTRAR				AND MENTAL HYG E OF DEATH	IENE 8 6	0.	8 4	8	
1. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR	-
(THE OKTANA)	IVAN	CASPER	DIEH	L	July 14. 1			3	AM
3 SEX	4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS I	HRS.
Male	Whit	e .	Nov. 1	1897	88	YRS.			
7a. BIRTHPLACE (STATE OR COUNTRY) Wisconsi		MHAT COUNTRY? 8	AARRIED N	DIVORCED [Allegany	R COUNTY C)F DEATH		MD
0. CITY OR TOWN OF DE Cumberland		HOSPITAL, NURSING H		ER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	126. KIND O INDUSTRY COLL	ege	5 OR
NOSUAL RESIDENCE (IF NUR 130. STATE Marvland	13b. COUNTY Allegany	13c CITY OR TOWN Frostbur	13d. IN	ISIDE CITY LIMITS?	33 Hawti	ZIP CODE	r., 2	1532	
Jacob	WIDDLE	Diehl	15 MC	other's maiden name of the state of the stat	ME MIDDLE	Se	xton	т.	
160. WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY	NO. 17 IN	FORMANT	ADDR	ESS			
No	(IF TES, GIVE WAR OR DATES)	216-30-174	6 E1	igene B.	Moore, Sa	ime as	13e		
	mediate ng the (b)_ DUE TO, C		E OF Solvard	into	inal disease or con	IDITION GIVE	18 18 N IN PART 111	dog	
190 DATE OF OPERA	TION 196 CONE	DITION FOR WHICH OPE	ration was	S PERFORMED	200 AUTOPSY? YES NO X		WERE FINDIN		?
21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH HOUR A	DE INJURY .M. MONTH DAY .M. OF INJURY	YEAR 19	OCATION	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	it i Or Part 2)		
WHILE NOT W	HILE THOME, S	TREET, FACTORY, OFFICE, FARM,		STREET	CITY OR TO		COUNTY	STA	.TE
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226. SIGNATURE	Bellen.	2		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗌		4-86	
Dr. Antho	ony Bollino		22e A		rederick St		4		
230 BURIAL, CREMATION (SPECIFY) Burie		0 . 0		RY OR CREMATORY Cemeters	23d. LOCATION CITY OR TOWN T Shebove	gan. W	COUNTY Jiscor	sia nsin	TE

DHMH - 16 60M 7/84

IMPORTANT: If hem 21 is morked pr

(VRA 15, 4)

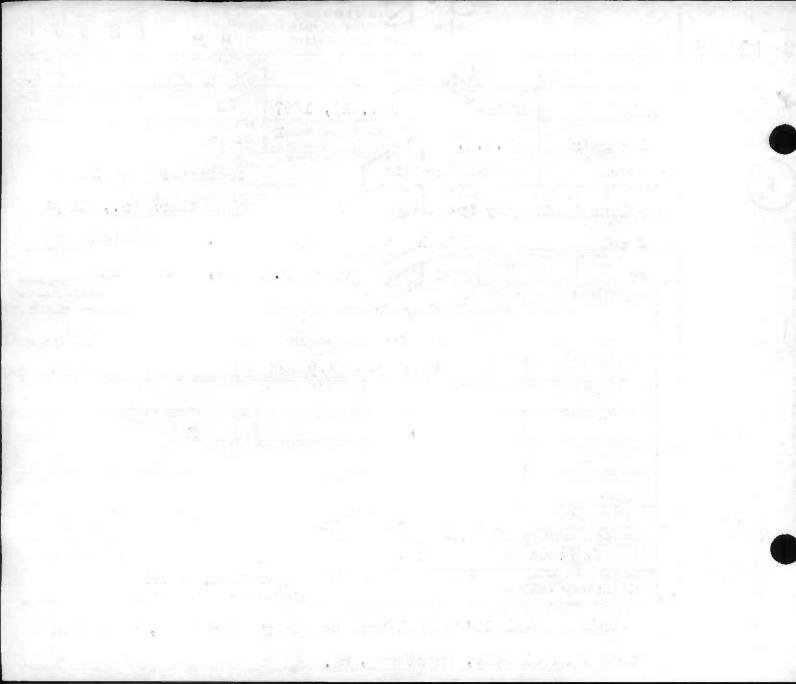
BP.

24 FUNERAL DIRECTOR

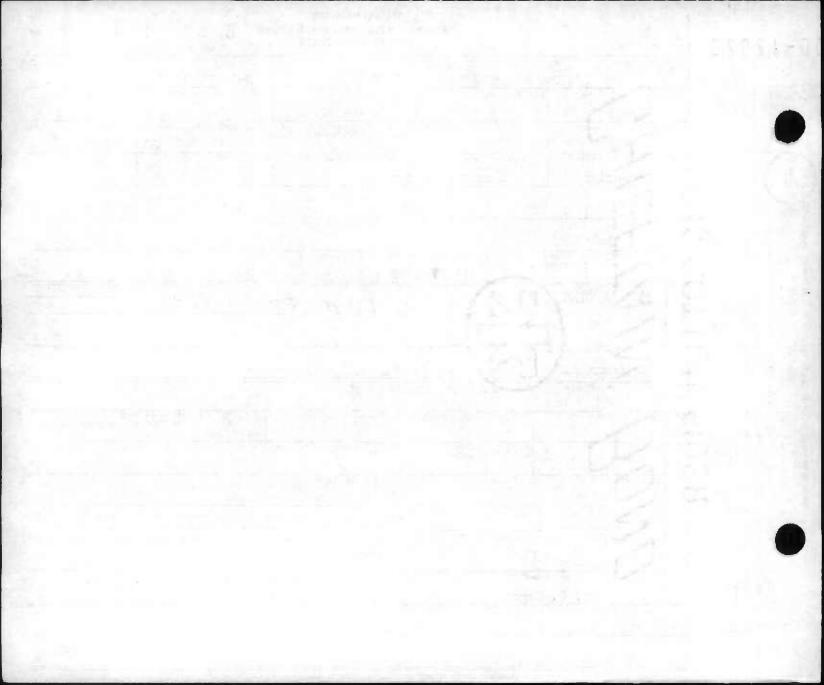
Durst Funeral Home, Frostburg, Md.

250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

in Sinder Pondage.

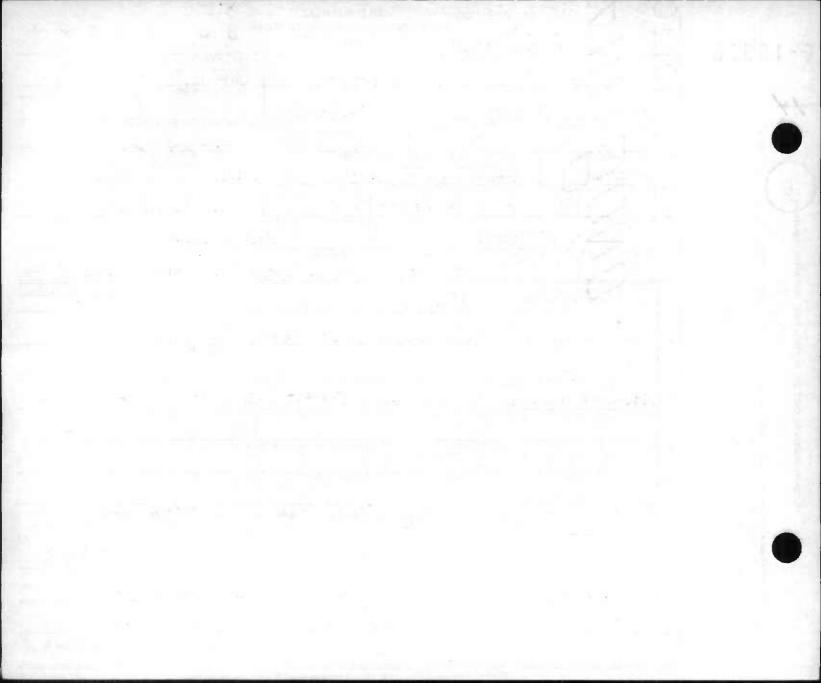


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12929	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 8	4 0 4
		CEASED NAME FIRST		MIDDLE	i	AST	20 DATE OF DEATH MON	TH DAY YEAR	2b HOUR4:0
p (4)	11176	LAURA	B	ELLE	EDM	ISTON	July 9, 198	36	A. M
od o	3. SE	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YE	
A sign of	100	female	whi		MONTH	02-16-1898 [*]		YRS	
1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR CO	Allegany	
1110	10 CI	TY OR TOWN OF DEATH Cumberland	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET EMORIAL H	IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR NOUSEWIFE	RKING LIFE) 12b. KIN INDUST	D OF BUSINESS OR RY HOME
The plant of the state of the s	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF			AOMISSIONI	136 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP		
I mpletely	14. FA	THER'S NAME Charles H	MIDOLE lager	LAST		15 MOTHER'S MAIDEN NAME FIRST			LAST
P 4 5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
52 1		no no	VE WAR OR DATES)	214-07-	0358	Dorothy M. S	Sibley, Cumber	land. MD	- daughte
d by the ottending phoese remove carbon phoese of cremotion, or termove corporation by other troumals even		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, C	or as a consequence of as a consequence of a consequence	NCFOF	Prenm Lenhen	onia		
Then plum to bur injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TERM		IF YES, WERE FIN	DINGS USED
2117	IFIC	175					YES NOT	CERTIFYING CAU	SES OF DEATH?
physicic articests al-tramit fiel Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN .	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		2)
to the bed of the dead of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for us of Healt		220.1 certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (did) (did no		19		nd that in (my) (our) apinion	, to death occurred on the dote a		, that (I) (we) fast the causes stated
AL DIRECTOR detoched for u ate Dept. of He II. If Hem 21 is		22b. SIGNATUME	Jone	2	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		ate signed
retained by the TO FUNERAL I should be deto with the State [IMPORTANT: If		226 PHYSICIAN'S NAME (TYPE O	ATOMIC .			1	rial Hospital erland, MD 21		dg.,
Who should be a second	230 5	Dr. Q. BURIAL, CREMATION, REMOVAL		[22. h	JAME OF C	EMETERY OR CREMATORY	23d LOCATION	JUZ	
BP		Burial				kes Cemetery	Cumberland	9	
MH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR James F. Scarpe	elli. Cu	mber land.	MD 2		E REC'D. BY REGISTRAR MAN	REGISTRAR'S SIGN	ATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 harm after death. Page 4 may be (A) retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 casholid be detached for use as the burial-transi permit. The please emove corbanappers: Pages 1 of 00 should be tried within 72 hours offer death	with the State Dept. at recent and wentauthygiene prior to bottop, centauthy, or removal. IMPORTANT: If Hem 21 is marked or Hemrel's shows any injury, or other troumatic event, the medical examine most be particled or ance.

	1		uneral Home		E OF MARYLAND			0 1
	1.	STATE 108 Virgini	la Ave DEPA		IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	3	00
3530	1 DE	REGISTRAR Cumber La	and, MD 21502		AST	REG. NO.	DAY YEAR 1	h HOUR
e 4 2		OR PRINT)						
nay be	3. SE	Paul	4 RACE	5. DATE (nammer DE BIRTH	July 14, 1986 6 AGE (IN YEARS LAST BIRTHDAY)		1:25AM
tor.	3. 02	male	white	MONT				HOURS MIN.
Poge direct hours	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	Y? 8		85 YRS		
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and the first of t	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		12a. USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
t to		Cumberland	Sacred Heart		tal	(TYPE OF WORK FOR MOST OF WORKING retired	electrica	il cont.
rilled in	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 71P CC)DE	
		MD Alle	gany Cumbe	erland	YES X NO	130 STREET ADDRESS / ZIP CO Seton Drive	/21502	
of og st	14. FA	THER'S NAME	MIDDLE 1AST		15. MOTHER'S MAIDEN NA	MIDDLE	IAST	
		William Ei				Matilda Lange		
n and co			E WAR OR DATES)		17 INFORMANT		0 1 1	1 145
te be dicion of dicion of the me		no	085079		Mr. William	R. Eichhammer,		
hysic hysic pope covol.		18. CAUSE OF DEATH (Enter on PART I. DE ATH WAS CAUSE	Ď BY		Janline		BETWEEN ON	ATE INTERVAL ISET AND DEATH
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thed the please of y, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (SIVEN IN PART 110	
The The injury	O N	Advanced and	melastite Ca	reinm	a Prosteti.	Serve anemia	· Hear to	while.
s beer spring prior	CAT	19a DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATIO	N WAS PERFORMED		YES, WERE FINDING	
N: The ysician.	CERTIFICATION					YES NO	YES	NO 🗌
hysi ifical tron		71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)	
rSIC ing cert cert verial	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
O PHY of this the bu	ME	WHILE NOT WHILE AT WORK	: (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
or or see os see os mor mor		220.1 certify that (I) (this haspit	tal) attended the deceased fro	m	7/8/ 1986		19.86, th	ot (I) (we) lost
TTEN Putal TOR for u of His		saw the deceased alive an above, (1) (we) (did) (did no	1) view the body after death	. 0	nd that in (my) (our) opinion	death occurred on the date and h	iour and from the co	iuses stated
DR A has hed ched bept.		226. SIGNATURE	71		DEGREE		22c. DATE SI	GNED
PITAL Oby the by the ERAL Doe detace State D) Londha	_ M	ATTENDING PHYSICIAN 4	MEDICAL STAFF DIRECTOR PHYSICIAN	7/19	1/86
HOSPITAL ned by the FUNERAL old be det the State		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS			
TO HOSPITAL TO FUNERAL should be de- with the State		Dr. Sikande				errace, Frostbur	eg, MD 215	32
F 2 / W 2	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		JNERAL DIRECTOR	07-17-1986	noodtam	n Cemetery	Bronx Nei	W York	NY_
DHMH - 16 60M 7/84 (VRA 15, 4)		ames F. Scarpel.	li Cumberland	5 MD 21	502	TE REC'D. BY REGISTRAR 256 REG	Danger - Ka	dall
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MPORTANT: If hem 21 is morked on them

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

1 - STATE REGISTRAR			DEPART			F DEATH	SIENE 8	REG. NO).	0 4	0 1
DECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE O	FDEATH	нтиом	DAY YEAR	26 HOUR A
TIPE OR PRINT)	JAMES	(OTHA		EVANS	3	Ju1	y 15,	1986		11:28
SEX	4.	RACE		5 DATE C			6 AGE IN	YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS.
Male		White		8	22	1931	54		YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	B AAA DDIE	D DE NEV	ER MARRIED	9 BALTIMO	_	_	OF DEATH	
West Virgin	ia	USA		WIDOWE		DIVORCED	1	Alle	gany		MD
Cumbe			HOSPITAL, NURSIN HFACILITY, GIVE STREET EMOTIAL H			INSTITUTION	(TYPE OF WOR	OCCUPATION OF PO	WORKING LIE	12b. KIND O INDUSTRY Law	F BUSINESS OR
SUAL RESIDENCE (IF NU STATE	13b COUNTY	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Westernpo	N	13d INSID	DE CITY LIMITS?	13e.STREET 31:	ADDRESS /			2
FATHER'S NAME FIRST		Evans	LAST			ER'S MAIDENNA Ellie	ME	MIODIE	Morri	son	ī
WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME	VAR OR DATES)	233-44-5		17. INFO	rmant rs. Loue	lla Ev	ans 31		ont. Wes	st., Md.
18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY-	line for (a), (b), and	itria	le_	Ahel.	the			BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if on gave rise to in cause (a), stat underlying cou	y, which nmediate ling the	DUE TO, O	r as a conseque	M	C.						
PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELA	TED TO THE TERM	MINAL DISEAS	e or cone	ITION GIV	EN IN PART 110	
	ATIÓN	19b COND	ITION FOR WHICH	OPERATIO	n was pe	RFORMED	200 AUTO	NO NO	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
21e. ACCIDENT WAS U		216. TIME O		AY YEAR	21c HOV	W INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	100

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM ETC) 220.1 certify that (1) (this hospital) attended the deceased from

23b. DATE

21e PLACE OF INJURY

21f LOCATION

Memorial Hospital

CITY OR TOWN

STATE

COUNTY

saw the deceased alive an above, (I) (we) (did) (did poliview the body after death. 22b. SIGNATURE

DEGREE

19

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Dr. Halmos

(SPECIFY)

274 PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

Virginia

21502

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

OR ATTENDING

O HOSPITAL

7/18/86

Service Westernport Md.

Potomac Memorial

Gard. Keyser Mineral West Viz 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Cumberland, Md.

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ON ST., BALTIMORE, MARYLAND 1201 h cerrificate be executed within 24 hours after death ding physicion and completely filled to by the tumeral corbon popers. Pagers and 2 should be filled within 72 or removal. or removal.	RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2.201 low requires that the death certificate be executed within 24 hours after death. s been signed by the attending physician and camplerey filled as by the tumeral ermit. Then please remove carbon papers. Papers and 2 hours described within 72 is any injury, or other traumatic event, the medical evaptices must be sony injury, or other traumatic event, the medical evaptices.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLIND 1920. CO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely lined in the funeral director, page 3 Completely be detached for use as the buriol-transit permit. Then please remove corbonopopers. Paget and 2 hourd a final director, page 3 Completely below the definition of Memory Physician to remove. Who PORTANT: If hem 21 is marked on them 18 shows ony injury, or other traumatic event, this medical examines must be added once.) -	P ge 4 may be	director, page 3 C)	3
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	RECORDS, 201 W. PRESTIC low requires that the deaterm. I be a prior to burial, creenform, sony injury, or other traum.	DIVISION OF VITAL RECORDS, 201 W. PRESTING PAYSICIAN. The low requires that the death of or attending physician becaused by the other use as the buriol-transit permit. Then please remarkell hand Mental Hygiene prior to burial, cremoinan, is marked on-them. It shows gay injury, or other traum	ON ST., BALTIMORE, MAS	h certificate be executed w	nding physicion and comple corbon popers. Papers and or removol.	otic event, the medical exam

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39 1	. DEC	STATE 47 6 MAIN REGISTRAR 47 6 MAIN REASED NAME OR PRINT) FIRST KATH	MIDDLE		IFICATE OF DEATH LAST RNER	REG. NO. 20 DATE OF DEATH JULY 31,1	MONTH DAY YEAR	2b HOUR 8:30P
ther de	3. SEX		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	IF UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN.
W		Pemale	White		29, °^1900°°	86	YRS	
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2	1	Cumberland	SACRED HE	ART HOSPIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER)	F WORKING LIFE) INDUSTRY	Home
74	130 5	L RESIDENCE (IF NURSING HOME OF LATE 134 COL	erset Ro	ESIDENCE BEFORE ADMISSIO CITY OR TOWN CKWOOD	13d. INSIDE CITY LIMITS?	ROCKWOOD	ZR.D. 2/15	557 77
56	4 FA	THER'S NAME FIRST Frank	MIDDLE	LAST	15. MOTHER'S MAIDEN N Effic	NIDDLE MIDDLE	Walker	AST
3		YAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? 166 S	SOCIAL SECURITY NO		ona R.D.2		15557 PA
injury, or other traumatic ev	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) R) DUE TO, OR AS A (c) Seva	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	y Congest sclerotic He		ly pletense	rears.
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING. CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN			.R	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	IJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a.l certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	n	19	and that in (my) (aur) apine	on death accurred on the do		, that (1) (we) lost e causes stoted
T: If Hem		226 SIGNATURE P	C.Slin	lila	DEGREE MATTENDING PHYSICIAN	MEDICAL STAF		E SIGNED -1-86.
		224 PHYSICIAN'S NAME (TYPE PAUL SHUKI			22e ADDRESS 913 SETON	DRIVE CUMBE	RLAND, MD.	21502
-	23a. B	urial, cremation, remova Specify Burial			cemetery or cremator	23d LOCATION CITY OF TOWN	eek Twp.S	omerset
7/84	24 FL	John J. Hai			2590	ATE REC'D BY REGISTRAR	156 REGISTRAR'S SIGNA	ATURE

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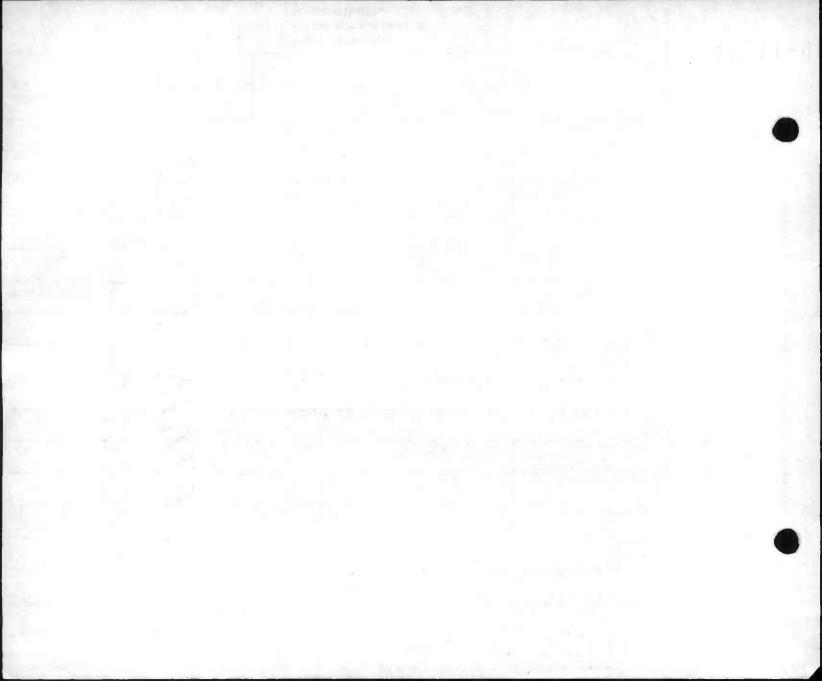
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in by the funeral director, page 3 be filed within 72 hours after death

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other traumatic event, the medical exam TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR			TE OF MARYLAND HEALTH AND MENTAL HYG	TIENE O	: 2 0	8 /
- STATE REGISTRAR			IFICATE OF DEATH	REG. NO.	1 0	
1. DECEASED NAME	Wallizer MIDD	t E	LAST	20 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
(1YPE OR PRINT) Mae	Fogtm	an		7/2/86		5;30am
3. SEX	4. RACE		OF BIRTH	6. AGE TIN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
Female	White	-5	716/97 YEAR	89	YRS	HOURS MIN.
OUNTRY)	Inited S	MARR	NEVER MARRIED	Alleg.	OUNTY OF DEATH	MD
Frostburg, MD	11. NAME OF HOS	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WO HOUSEWIFE	RKING LIFE) INDUSTRY	of Business or
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE	g Community	Hospital.		91	7-20
Maryland 13	Alleg 130	Frostburg	YES NO NO	13e.STREET ADDRESS / ZIF		MD MD
FATHER'S NAME Robert	Schrock	LAST	15 MOTHER'S MAIDEN NA	Dora Collins	LA	AST .
60 WAS DECEASED EVER IN		SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	Dau	ghters
(YES NO OR UNKNOWN)	FYES, GIVE WAR OR DATES)	212 54 7844	Mrs. Phylli	s Phillips, M	rs.Dorothy	y Hare
18 CAUSE OF DEATH	inter only one couse per line	Mall, (b), and (c).	lant		APPRO- BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	MEDIATE CAUSE (0)	GOCK,	seplic			
	DUE TO, OR W	CONSEQUENCE-95	n	0 1.1100	li-	
Conditions, if ony, w		ecent 111	yo caraia	& GRYWIN	104	BIRTHE
gove rise to immed couse (a), stating underlying couse	the DUE TO, OR	Sagonsegyence for	w Mell	ites		
PART 2 OTHER SIGNIF	CANT CONOMINS CONT	RIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	OM ONTA	ON, GIVEN IN PART 1	10
190 DATE OF OPERATIO	N 196. CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED	IN.	IF YES, WERE FIND	S OF DEATH?
210 ACCIDENT WAS UNDER	YING 7 216. TIME OF IN	UIIIV	121, HOW IN HIP OCCUP	RED (ENTER NATURE OF INJURY IN	YES OR BARE 21	NO [
OR CONTRIBUTION C COL	SE OF DEATH HOUR A.M.		IR .	KED (SMISK NATOKS OF INSORTIN	HEW 10 PART LORPART 21	
(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED			211 LOCATION	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC)	STREET	1 000		STATE
22s.1 certify that (f) (th	is hospitally attended the d		1901	10 Joury	1900	, that (I) (we) last
sow the deceased	Told for Are the body aft	1000 CO 6	and that in (my) (our) opinion	death oldered on the date of	and hour and from the	e couses stated
Char	Mehin	8//	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	_ 7/	2/AY
734 PHYSICIANS NOW	in oglafia		22e ADDRESS			
Dr. Ch	ang/Oh		48 Tarn Terr	ace, Frostbur	q, MD 3215	532
230. BURIAL, CREMATION, RE	July 5,		cemetery or crematory rest Burial Pa	23d LOCATION		y, Md
24 FUNERAL DIRECTOR			25a DA	TE REC DE RIA DEGISTRAR 256	REGISTOAR'S SHOLA	
Scarpelli	108 Virginia	Ave Cumbe	rland . Md . 1111	09 MOD 3 1/1/10	"Dengage of	

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1	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	ITHDAY) IF	FUNDER 1 YEA
14	Female	wh:	ite		9/4/1909 EAR	76	YRS	
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia		WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OF ALLEGANY		
- 11	city or town of DEATH cumberland	(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET D HEART I	ADDRESS)	R OTHER INSTITUTION	178 USUAL OCCUPAT (14PE OF WORK FOR MOST O Auto Bodyr	OF WORKING LIFE)	
All In	Maryland Gar		GIVE RESIDENCE BEFOR	VN B	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS Box 651;		2153
110	James	WIDDLE	Guthi	cie	15 MOTHER'S MAIDEN NA/ Carrie	WIDDLE		Ма
2 160	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	165. SOCIAL SECT		Mrs. Grace G	Star ART uthrie F	FSS Box rostbu	651
event,	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: (TE CAUSE (o)		cular	Fibrilla	1		BETWEE 3
other froumotic	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	R AS A CONSEQUER AS A CONSEQUE	My	ocardial In	viantion		2:
injury, or	PART 2. OTHER SIGNIFICANT		entributing to	DEATH BUT	0	MAL DISEASE OR CON MOSPASM	DITION GIVEN	N IN PART
8 shows ony injur	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES YES	ING CAUS
-//	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PART 2
h and Mental	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY REET FACTORY, OFFICE,	FARM_ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY
of Healt	220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did n	Jalva	19_	DO On	d that in (my) (our) opinion (death occurred on the d	19 ate and hour c	ond from t
detoched ote Dept. VT. If Item	226. SIGN) TURE	hverse	od mo	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	72c. DA
with the State MPORTANT: I	Paul X. Live		M.D.		22e ADDRESS BMG, CUMBE	912 SETON E RLAND, MD	DR IVE 21502	
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE			METERY OF CREMATORY POVE CEMETERY	23d LOCATION CITY OF TOWN Brandonvi	lle. P	COUNTY

NEWMAN FUNERAL HOME

DAL DEL

P.O. BOX 267

REGISTRAR GRANTSVILLE.

[TYPE OR PRINT]

DHMH - 16 60M 7/84

(VRA 15, 4)

MOST OF WORKING LIFE) INDUSTRY dyrepairman Auto RESS / ZIP CODE 21532 Maust ARTRESS Box 651 Frostburg, MD 21532 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART TIO n 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? M YES 🗍 OF INJURY IN ITEM 18 PART | OR PART 21 TY OR TOWN COUNTY STATE 86 that (1) (we) lost the date and hour and from the causes stated 22c. DATE SIGNED STAFF HYSICIAN [N DRIVE 21502 Brandonville, Preston, WV 7/7/86 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Grantsville, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CHETTE

6

REG. NO. 20. DATE OF DEATH MONTH DAY

1986

7h HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

7:20

IF UNDER 24 HRS

HERONN PHOPON NAME

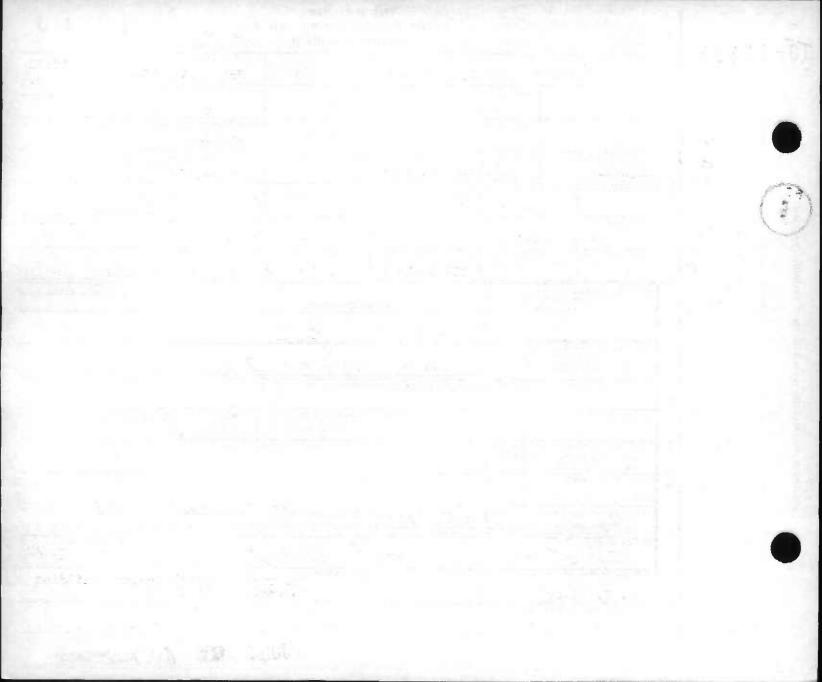
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CANTEVILLE, 10. S15TF

CANTEVILLE, 10. S15TF STEAM STAIL LANGE FOR vitalina waxaa aya

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MANYLAND 27701
6
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed with a count offer of retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fush should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages I and 2 should be filled writh the State Deat of Health and Mental Hyalene prior to buriot, cremation, or removal.

1 1, 1, 0 1,	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 PREG. NO.	8 4 9 0
14434		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 40
poge 3		MARGARE	ET V. HA	RRISON	July 24, 198	36 p.M
tor, po	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
recto urs at		female	white	07-14-1895	91 yrs.	
Jeoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY Allegany	OF DEATH MD.
by the fu	C	umberland	(IF NOT IN SUCH FACILITY, GIVE STREET, Memorial Hosp	ital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE housewife .	12b. KIND OF BUSINESS OR INDUSTRY OWN home
filled in rould be	13a	STATE 13b. COU	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Llegany Cumberl	N 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 410 Park Stree	et/21502
ompletely and 2 st	14 F/	THER'S NAME James Dic	MIDDLE IAST DIWICK	15. MOTHER'S MAIDEN N FIRST EMMA	Santymire	LAST
nd co		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)		ADDRESS	
be exe		no	234-58-	1569 Mr. James	A. Harrison, Cumb	erland, MD-son APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
requires that the death certifica is signed by the attending phys. Then please remove carbonpop or to burial, cremation, ar remove injury, or other troumatic evenity.	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF AS < U	MINAL DISEASE OR CONDITION GIV	
The law riction. te has been sit permit. glene prio	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: The organization of physicio certificate high riol-tronsit entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
IG PHYSI attending ter this co is the buri nond Mer rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or STOR: A for use of Health			oitol) ottended the deceased from	ond that in (my) (our) opinio	n death accurred on the date and hou	19, that (I) (we) lost r and from the causes stated
by the har ERAL DIRECT PLANT OR A Store Dept.		27b. SIGNATURE	2		MEDICAL STAFF DIRECTOR PHYSICIAN	7/25/86
O HOSPITAL etained by 11 TO FUNERAL should be det with the State		Dr. T. Elder			rial Hospital Med: erland, MD 21502	ical Building
BP		Burial, cremation, removal Burial		Name of cemetery or cremator) estlawn Memorial P	ark Cumberland	Allegany MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR James F. Scarpe	elli, Cumberland.	[f 11	ATE REC'D. BY REGISTRAR 256. REGIST JL 28 1986	RAR'S SIGNATURE



5		1.	Newman For STATE PO BOX 2	uneral Home	TATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY 36 CERTIFICATE OF DEATH	GIENE 8 6 1	8 4 9 1
0 -	135/6		REGISTRAR Grantsy	rille, MD 215;	36	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
U	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(TYP	Dona Dona	ald Raymond	Hershberger	July 6, 1986	12:41A M
3	ctor. po	3. SE	x Male	4 RACE White	5. DATE OF BIRTH MONTH April 22, 1935	6 AGE (IN YEARS LAST BIRTHDAY) 51 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
	oth. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA		9 BALTIMORE CITY OR COUNT	
-	112	10 C	ity or town of DEATH 'umberland	NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
9 2	1 11 5	J USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	13e STREET ADDRESS / ZIP COD	Real Estate
LAN	thin spand	N	laryland Garr	cett Accider		Route 1, Box 13	1 21520
MAR	mplett and 2	1	Daniel	W. Hershbe	erger Ruth	MIDDLE	Maxwell
MORE,	Pages 1		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI		CURITY NO. 17 INFORMANT		. 1, Box 111 ccident, MD 21520
T., BALT	physicial npapers. maval.		PART I. DEATH WAS CAUSE	nly one couse per line for ioi, (b), of BY. TE CAUSE (o) Vent		lation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 min
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR	death cert attending ave carba tion, ar re aumatic e		Conditions, if any, which	DUE TO, OR ASIA CONSEO		1 Infarction	30 min
J W. PR	by the case remo		gave rise to immediate cause 10, stating the underlying cause last	DUE TO, ORDS A CONSEO	nary Athaosal	nosis	5 years
RDS, 20	n signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART I O
L RECO	on. hos been prioring energy only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
OF VITA	F 0 8 6 5		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
VISION	They SICIAN: the national physician the burial-tran and Mental Hy ced or Item 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
۵	ENDING P tal or after OR. After t ir use as the Health and		220 I certify that (I) (this hosp	ital) attended the deceased from	To, and that in (my) (our) opinio	n death occurred on the date and ho	. 19 that (I) (we) last
•	AL OR ATTI the hospit AL DIRECTO detached for ote Dept. of IT: If them 21		oboxe, (I) (we) (did) (did not some some some some some some some some	ot) view the body ofter death	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 7-6-86
	TO HOSPITAL (retained by the TO FUNERAL II should be deta with the State I		Paul Liver	V	BMG, 912	Seton Drive,	Cumberland, MD
		230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	BP		Burial Divieral Diviector	7/9/1986 B	ittinger Cemetery	Bittinger, G	
	DHMH - 16 60M 7/B4 (VRA 15, 4)	1	V. Dipon)	Grants		4000	ordern Produkt

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		1	FOR 108 VIRGINI	A AVENUE DE	PARTMENT OF	HEALTH AND MENTAL HYG	IENER 6	8 4	2 9 6	
28	9	1.	REGISTEUMBERLAND,	MD 21502	CERTI	FICATE OF DEATH	REG. NO	2	3 8	
			CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		YEAR 26 HOUR	
٥ م	e at t	TYPE	PHILLIP	PERCY H	OOK		JULY 14, 1	986	17:55Pm	
Ha)	e d	3. SE	(4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER		
7 40	11.0		male	white	MON	04-09-1921 YEAR	65	YRS	DAYS HOURS MIN.	
90	275		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	FD NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH	
though	CD T		PA'	USA	WIDOW		ALLEGANY		MD.	
1	1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	126 USUAL OCCUPATE		KIND OF BUSINESS OR USTRY	
(pi Abx	1	Cumberland	SACRED HEAR	T HOSPIT	100	retired		onstruction	
2	125	13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
24	VV		MD A1		perland	YES NO XX			Rd/21502	
# 1	KIA	14. F#	THER'S NAME	MIDDLE L	AST	15. MOTHER'S MAIDEN NAM				
Pa	W AU			M. Hook			eorgie Hyme	S	1031	
ecut	ico es		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRE			
e e	Pages medical	(NO NO OR UNKNOWN)	212-	18-1123	Mrs. Pearl	l Hook, Cumberland, MD - wife			
ofe .	papers, papers, laval.		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (0),	(b), and (c).			D.F	APPROXIMATE INTERVAL	
i i	omon emon		PART I. DEATH WAS CAUSE IMMEDIATE	E CAUSE (a) Car	cenima	- divolenus	m		8 month	
h ce	arbo ar r			DUE TO, OR AS A COM	NSEQUENCE OF					
dep	ove fran,		Canditians, if any, which	(d)						
the i	emo er tr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF					
that	al, cr		underlying couse last.	(c)						
ires	buri buri ry, o	_	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTIN	NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 110	
edin	The Triple of th	ě	Unimi	n						
NO.	S De	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?	
The rion	of the Pole	RT					YES NO	YES 🗌	NO 🗌	
A A	recate n reansit p l Hygiei		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EV IN ITEM 18 PART I OR P	ART 2)	
SICI.	rial-t	3	I I F EITHER NOTIFY MEDICAL EXAMINER		19					
PHY	d d M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	JINTY STATE	
ON TO	the arke	-	AT WORK NOT WHILE AT WORK							
NO	Leplase is me		220.1 certify that (1) (this haspi			. 19	, ta		, that (I) (we) last	
Spite	2 4 6		saw the decrased alive an above, (1) [ve) (did) (did no	t) view the body after death	19	and that in (my) (our) opinian	death occurred an the do			
OR P	Checker Checke		776 SIGNATURE		140	DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED	
TAL y th	deto deto		/ Jear	w Du	mo	PHYSICIAN [DIRECTOR PHYSIC	IAN	7-15-86	
Spi d b	on the State		724 PHYSICIAN THE AME (1195 C		U	22e ADDRESS				
	should be deta with the State I		DR. WAYNE S	PIGGLE BM		912 SETON DR		RLAND, MD	21502	
5 9 1	v > S/		SPECIFY) REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE	
BP_			Burial	07-17-1986	Fairvi	ew Cemetery	Clearvi	lle	PA	
DHMH -	16 60M 7/B4		JNERAL DIRECTOR	3.3. OAl	ODRESS	25a DAJ	F REC'D. BY RED STRAR	25b. JEGISTRAP'S	Service de La	
(VR	A 15, 4)		James F. Scarpe	III, Cumberla	and, MD 2	21502	/L A. V	0	Control of the Contro	

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	J

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)	61 -	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF DEATH REG. NO.						9 3
		CEASED NAME FIR	rtha	MIDGLE ◆		sken	20 DATE C	FDEATH MONTH	15	YEAR 84	26 HOUR 8:42 A M
	3. SE)	3. SEX 4. RACE			5 DATE C	DAY YEAR		YEARS LAST BIRTHDAY)	IF L	NDER I YEAR	IF UNDER 24 HRS.
ij	F	EMALE	WHIT	WHAT COUNTRY?	. 5	5/30/98	88		RS.	DEATH	
2	-	RTHPLACE (STATE DATORES DUMPRE)	76. CITIZEN OF	A'	MARRIE	D NEVER MARRIED		DRECITY <u>OR</u> COU LEGANY	JNITOF	DEATH	
ed		ARYLAND TY OR TOWN OF DEATH			G HOME C	DIVORCED DIVORCED	12a USUAL	OCCUPATION			F BUSINESS OR
2	F	ROSTBURG	FROSTBI	URG VILI	A	NURSING HOM		AMSTRES		SELF	EMP.
1	124.5		LEGANY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW FROSTBU	N	138. INSIDE CITY LIMITS? YES NO		ADDRESS / ZIP		AVE.	21532
3	14. FA	THER'S NAME	wobcus	LAST		15 MOTHER'S MAIDEN NA	WE	WIDDLE		LAS	
1	160. 14	VAS DECEASED EVER IN U	CONRAD	YOUNGEF		MAGGIE 17 INFORMANT	7.75		2 2	SCHE	
			YES GIVE WAR OR DATES)	220-46-				ROSTBUR HLER. 7		MD 2	1532
		18 CAUSE OF DEATH (Er	nter only one cause per			PHO. OUZANI	/_ WE	runit, /) Di		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS C	CAUSED BY MEDIATE CAUSE (0)	(and	un	1 arreel					
		Conditions, if any, whi gave rise to immedic cause (a), stating t underlying cause to	ich (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	RAS, A CONSEQUE RAS, A CONSEQUE	lead	Goart Ages	lun				
			(0)	MIMON ()	20mal	Gailing 1	61	110			
	N	PART 2 OTHER SIGNAFIC	OF THE	ONTRIBUTING TO E	TEATH BUT	NOT RELATED TO THE TEN	-5-14	11/1	4 GIVEN	IN PART 110	
7	CERTIFICATION	1% DATE OF OPERATION	19b, COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUT			ERE FINDIN	IGS USED OF DEATH?
,		21s. ACCEPTI WAS UNDERLYS DE CONTRIBUTORO CONTRIBUTORO UN ESTIME, NOTIFI MEDICALES	OFDEATH HOUR A		Y YEAR	31s HOW INJURY OCCUR	RED	ATURE DE POURE - NO CE	with Fabl	CRESTIT	
	MEDICAL	THE INJURY OCCURRED HOW HAS I	21# PLACE (AT HOME ST	OF INJURY RELEACTORS, DESCRIPTION	MH.(TE)	711 LOCATION		Lin ox lower		COUNTY	STATE
		27s I certify that (I) (this saw the deceased of above (I) (we) (did: (-	1. //	15 105	16	nd that in imy jour copinion	death actif	ed on the date an	10. d hour or		that (I) (we) lost causes stated
		775 SIGNATURE	61	51	/	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF	1	Th DATE	SIGNED /SZ
		THE PHYSICIAN'S PLAME	I'm or Ant	/)	THE ADDRESS	1		П	7.0	700
	73a. E	SURIAL CREMATION, REM	OVAL 23b DATE	23c.8	AME OF C	EMETERY OR CREMATORY	736 LOC	ATION YOU TOWN		DUNE)	STATE
1		BURIAL	7/17	/86 FR		URG MEM, PA	RK FF	COSTBUR	AI	LEGA	NY MD
	st	WAS FUNE		FRÖSTI	IN S BURG	5T. 250. DA1		REGISTRAR 25b. RE		S SIGNAT	

PROVED TO THE PROPERTY OF THE

STEER . WAS BELLELA . AND X - CHITTEN AND TEXAL CONTENTS

ANGH COMMAND VOILS HEAD LAGGE, VA STERRY, NO 21932 VA STERRY, NO 21932 VOI H.A. 229-46-5+26202. STARRY MELLE, VE BEOARTAK,

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 211 01	0
G	****
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 4 may be	
efained by the haspital ar attending physician.	4
TO FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in the funeral director page 3	8
should be defacted for use as the burlat-ransit permit. Then please remaive carbanipapers, rages it and 2 should be made mous after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	8
MPORTANT: If hem 21 is marked at them 18 shows any injury, or other traumatic event, the medical examinar highthey all the data and	9

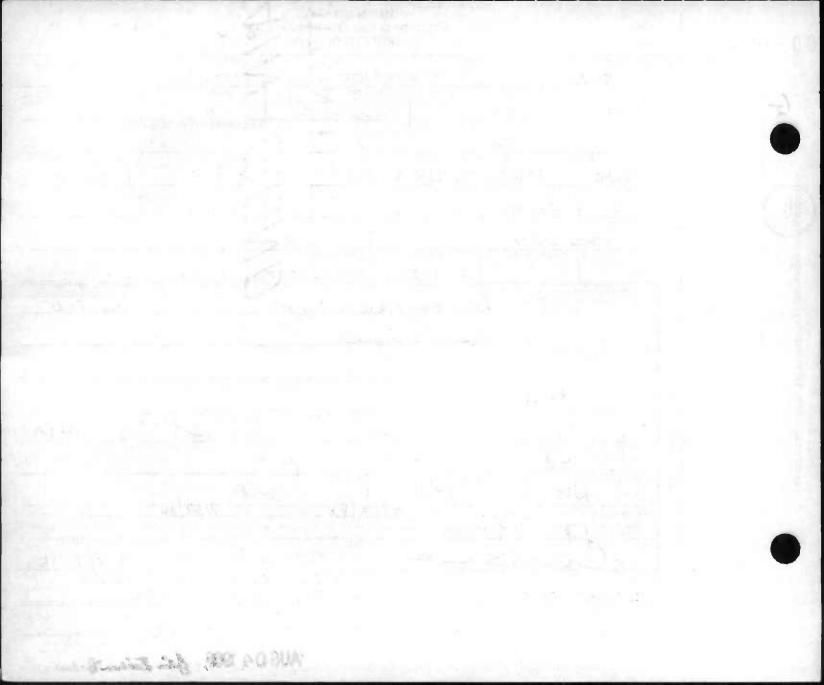
	REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	-	-	
	CEASED NAME FIRST		MIDDLE	L	AST	26. DATE OF DEATH MONTH DA		:50	
CLARA 3. SEX			E H	OSSEL	RODE	JULY 30, 1986		ر.	
		4 RACE		5. DATE O			UNDER I YEAR IF UI	NDER	
,	female	white	е		1-28-1903	83 YRS	DATS HOL	CNI	
To. B1	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH		
l '	MD	USA		WIDOWE		Allegany			
10. C	ITY OR TOWN OF DEATH	11. NAME OF		IG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BU	SINE	
CIT	MBERLAND		HOSPTTAT		DICAL CENTER	(TYPE OF WORK FOR MOST OF WORKING LIFE)	own ho	nm.	
USU.	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			OWITH	JULI	
136. 5	MD 136. CC	llegany	Mt. Sava		136 INSIDE CITY LIMITS?	Route 1/21545			
14. F.A	ATHER'S NAME	rieguity	Inc. Savo	ige	15. MOTHER'S MAIDEN NA			_	
	James L	MIDDLE	LAST		FIRST	a Witt	LAST	LAST	
160. V	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS		_	
		GIVE WAR OR DATES)				11 Mt Course M			
			214-48-3		Marion vesse	11, Mt. Savage, M			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	Uson Adan	10	0- 0 +		APPROXIMATE BETWEEN ONSET		
	underlying cause last.	(6)	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 10	_	
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO							
ATION	PART 2 OTHER SIGNIFICAN	IA						1C E I	
RTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? 200. IF YES, YES NO PER YES	WERE FINDINGS IN THE PROPERTY OF THE PROPERTY	USE ¥A	
CAL CERTIFICATION	190 DATE OF OPERATION	196 COND 196 COND 196 COND 196 COND 196 COND	ITION FOR WHICH	OPERATION N	N WAS PERFORMED	206 AUTOPSY? 206. IF YES,	WERE FINDINGS IN THE PROPERTY OF THE PROPERTY	USE XEA	
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAPESO (IF EITHER, NOTIFY MEDICAL EXAM 216 INJURY OCCURRED)	196 COND 196 COND 216 TIME COND P. 210 PLACE	OTION FOR WHICH	OPERATION NA YEAR	WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 200. IF YES, YES NO PER YES	WERE FINDINGS IN THE PROPERTY OF THE PROPERTY	3	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAREOR (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CURRED WHILE AT WORK NOT WITH ALL WORK ALL WORK 220.1 certify that (1) (this had	196 COND 196 COND 196 TIME C HOUR A. Ner) P. 21e PLACE (AT HOME SII	OF INJURY M. MONTH DE M. OF INJURY REEL FACTOR OF INJURY REEL FA	OPERATION NA YEAR	WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES, IN CERTIFYI YES NO PROPERTY NO PROPERTY IN TEM 18 PAR	WERE FINDINGS ING CAUSES OF D		
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	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CANEDO (IF EITHER, NOTIFY MEDICAL EXAM.) 21d INJURY OCCURRED WHILE NOTIFY ACTIONS AT WORK	196 COND 196 COND 196 TIME C HOUR A. Ner) P. 21e PLACE (AT HOME SII	OF INJURY M. MONTH DE M. OF INJURY REEL FACTOR OF INJURY REEL FA	OPERATION NAME OF ARM. EIC)	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO REPTIFY YES NO REPTIFY YES NO REPTIFY YES RED (ENTER NATURE OF INJURY IN 11EM 18 PAR CITY OR TOWN 10 CITY OR TOWN death accurred on the date and haur of	WERE FINDINGS ING CAUSES OF LETTER OF THE COUNTY	(h (res str	
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DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502



STATE OF MARYLAND

and the first part of the second of the seco

Baltimore Ave. Cumberland, MD

(VR A15 ME (5))

People 3		CEASED NAME FIRST CH	RISTINE	MMI	IMLER	JULY 21,		26 HOUR 5:30P
0.0	1. SE		4 RACE	5	DATE OF BIRTH	6 AGE IN YEARS LAST BI		YEAR IF UNDER 24 HR
0000	/	FEMALE	WHIT	E M	MARCH 14 1905	81	YRS	
or Salah	L	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	USA	w	MARRIED X NEVER MARRIED	ALLEGANY	COUNTY	r H
The state of the s	10. ÇI	TY OR TOWN OF DEATH CUMBERLAND		HOSPITAL, NURSING HEART	HOME OR OTHER INSTITUTION RESS! HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) INDUS	ND OF BUSINESS (STRY
T.	MAI	RESIDENCE (IF NURSING HOM TATE 13b CC RYLAND AI		N. GIVE RESIDENCE BEFORE ADA 130. CITY OR TOWN CUMBERLAN	13d INSIDE CITY LIMITS	136 STREET ADDRESS	/ ZIP CODE	TREET
C pudge		WILLIAM		IPPENBURG	LOUISE	CAROLINE		I.F.
S. Poge		(IF YES	, GIVE WAR OR DATES)	213245408		TRICK RFD#1 R	IDGELEY W.	
ding physic cribon pop dr. removo affic event, 1		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CAI IMMED	USED BY: DIATE CAUSE (a)	OR AS A CONSEQUENCE	VD		BE1:	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
d by the other ease remains of cremation or other traum		Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause last.	(b)_	or as a consequenc				
0.75	Z	PART 2 OTHER LIZNIFICAT	of conditions of	ONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE T			
Then y to but	1 %	THE DATE CAOPERATION	196 CONS	TITION FOR WHICH OP	ERATION WAS PERFORMED	76s AUTOPSYT	196 IF YES, WERE F IN CERTIFYING CA YES	
t box been upn t permit Then; plene prior to bu	RTIFICATION	The position of the agreement of				VES NOX	163	
entificate has been signs rightnows permit. Their g ental Hygiene price to but frem. 18 flews pay injury.	AL CERT	21s. ACCIDENT WAS UNDERLYING OR COMPRESSIONS CALSE OF	DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.		CURRED LEWIS NATUR OF AN	too!	A7.31
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The Arter Arter interesting to bob been upon the use or the beingletmant permit. Then, of Health and Mental Hygiente price to but 21 is morked or them. 18 fillies any injury.	AL CERT	TIB. RECIDENT WAS INDERTING ON COMPRISHING TO CAUSE OF (IT STHER, NOTIFY OF CURRED THE INJURY OCCURRED	DEATH HOUR I	A.M. MONTH DAY P.M. E OF INJURY THEEL FACTORS OFFICE FARM The deceased from	YEAR 19 7H LOCATION CHEET		NO.2 PAR 81 HET N JAN 41 HED N	Sthat (I) (we) to
FUNERAL DIRECTOR: After this sertificate has been signaled be definitioned for use on the buriel-framely permit. Then, the State Dept. of Health and Mental Hygiette prior to bu ORTANT, if them 21 is marked or them 38 fillows pay injury.	AL CERT	TIE. ACCIDENT WAS INDESTITED ON COMPRESSION OF STONE OF MIDDE ALEXAN TIE INDESTINATION OF STONE OF STO	Disalin HOUR J	A.M. MONTH DAY P.M. E OF INJURY THEEL FACTORS OFFICE FARM The deceased from	THE LOCATION THE LOCATION THEY and that in (my) (our) opin DEGREE ATTENDING	to 100 min death accurred on the o	power country to the part of the power and house and from the part of the part	Sthat (I) (we) to

FUNERAL DIRECTOR

SILCOX-MERRITT FUNERAL SERVICE CUMBERIAND MARILUID 25

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

BAD TRACK TENEDS IN BOTH TONE

CHIEFON PURCHELLIN

SORIT AL OCCUPATION STAND OF BRIDGE

	KIGHT FUN	IERAL HOME	STATE OF MARYLAND		
00-12566	- STATE		MENT OF HEALTH AND MENTAL HY	GIENE R 6	8 4 9 8
12300	REGISTRAR CUMBERLAN	D, MD 21502	CERTIFICATE OF DEATH	REG. NO.	0 1
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ad be	REBECCA	SARAH	JENKINS	JULY 12, 1986	20:37Pm
(ou II)	1/61	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female	White	Apr. 15, 1904	82 YRS.	MONTHS DATS HOURS MIN.
8 11 6 m	Jo. BIRTHPLACE (STATE OR FOREIGN)	LOUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
de of the other	MD	USA	WIDOWED DIVORCED	ALLEGANY	MD
1120		LIF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
0 II II		SACRED HEART HO	SPITAL	Housewife	Own Home
1 hour af be	USUAL RESIDENCE (IF NURSING POME OR O	TY 13c. CITY OR TOW		13e STREET ADDRESS / ZIP COD	E
AN 22		Jany Cumber		306 Helen St	. 21502
RYL with	14 FATHER'S NAME FIRST	NIDDLE " LAST	15. MOTHER'S MAIDEN NA		_1 AST
MA Demo		Mullig			Hiner
MORE, ond of Poges	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!		ADDRESS	
TIMe be e	No	218-34-4	420 Angela Wit	t, Cumberland,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours are thinged physician. When this certificate has been signed by the attending physician and completely filled in boos the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Orked or frem 18 shaws, any injury, or other traumatic event, the medical examinar to the control orked or frem 18 shaws, and injury, or other traumatic event, the medical examinar to the control orked or frem 18 shaws, and injury, or other traumatic event, the medical examinar to the control or the control	18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y one couse per line far (o), (b), an		RICULAR FAILUI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	7 DOT IMMEDIATE		LEFT VENT	RICULAR CUI	RE 6 HRS.
oth corporation	00/	DUE TO, OR AS A CONSEQU	ENCE OF		4 YEARS -
RES	Conditions, if any, which gove rise to immediate	(b) AURICUL	AR EXTRASYST		
ot W. PRESTON that the death ce d by the attendin lease remove carb iol, cremation, or or other traumatic	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF	WER LOBES LUM	to 5 Days
201 s the ed b pleos rriol,	DADY 2 OTHER SIGNIFICANT C	(c) 1NF1611	RATES BOTH LO		
DS, and a sign hen i to bu	Z CYC7 07	OVARY (POS	C. Q. E C	OMPRESSION FR	ACTURECTO INTO
been rei	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
L RE long in hos by perrengence processes in the percentage processes in the perrengence processes in t	DEFI				FYING CAUSES OF DEATH?
VITAL RE UN: The lo nysicion. Icote hos ronsit per Hygiene	19a DATE OF OPERATION 19a DATE OF OPERATION	216. TIME OF INJURY	21c HOW INJURY OCCUI	RED (ENTER NATURE OF INJURY IN ITEM 18	
CIAN CLAN OF V	Commence Commence	HOUR A.M. MONTH D	AY YEAR		
ON OF HYSICIA HYSICIA Inis certifi buriol-ti Mentol	OR CONTRIBUTING CAUSE OF DEAT	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVISI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM ETC) STREET	CITA ON LOWN	COUNTY
OO OOE	22a I certify that (1) (this hospite	al) oftended the deceased fram_	19.82	_ 10 JULY 12	19 86, that (It (we) lost
F = 0 0 + 6.14	saw the deceased alive on above, (1) (was distributed in the	Year the body after death	& , and that in (my) (aur) apinion	deoth accurred on the date and ho	ur and fram the couses stated
OR AT OR AT DIRECT Docked for Dept. of	77h. SIGNATURE		DEGREE		22c DATE SIGNED
PITAL C by the IERAL D Store D ANT: If	Memera	preshune	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-13-86
HOSPITAL ned by th FUNERAL uld be detrothe State or the State.	THE PHYSICIAN'S NAME IN CO	ryell)	22e ADDRESS		
O HOSPITAL O etomed by the TO FUNERAL B should be detected with the Store D MAPORTANT: #	DR. SAMUEL JACO	BSON, M.D.	50 PERSHING	STREET CUMBERLA	AND, MD 21502
5 5 5 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	Burial	Jul. 15, 1915	MtSavageMethodi 25a DA	STC MtSavage	Allegany MD
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR	ADDRESS	25a DA	TE REC'D. BY REGISTRAR 751, REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	William G. K	light Cumber	land, MD	11 1 6 1986	

012

White Npr. 15, 1904 82 Fomale USA CLM Cumberland Storm Wester Wester Home Housewife Own Home MD Allegany Jumberland N 306 Helen St. 21502 mind James J. Mulligan dirabeth STREET Angela Witt, Cumberland, AD

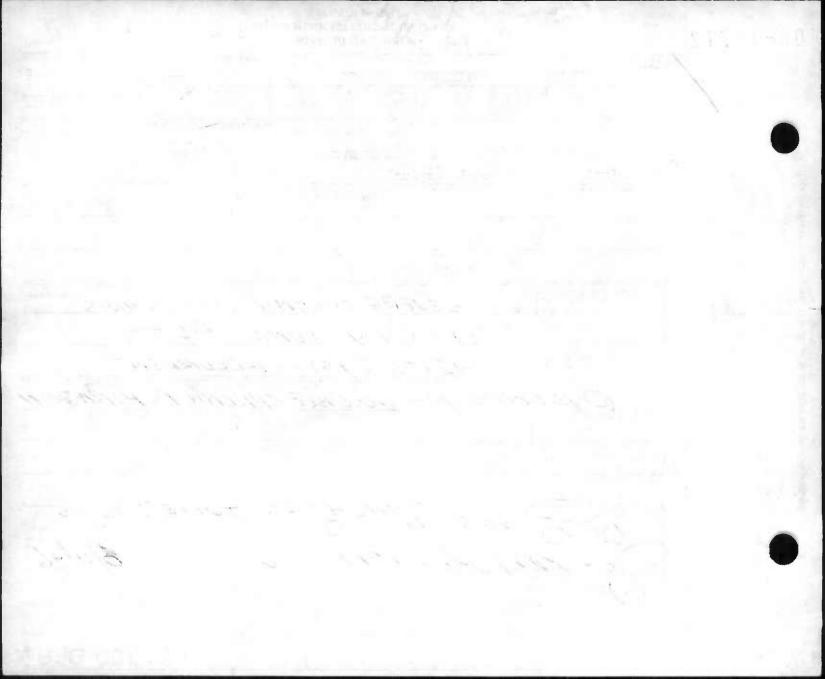
Burial oul. 15, 1915 AtsavageMethodistC Accavage Allegany And William G. Kight Cumberland, MD

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2
CERTIFICATE OF DEATH	9

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Ö	1	0	-	1	
REG. NO.					1

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO.				
1	L DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	26 HOUR		
4	WALTE	R WASH	INGTON 3	TEWELL	J	une 8, 1986	5:30 A		
۱	3. SEX	4 RACE		OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEA			
	Male	White	2 MONT	22 1903	83	YRS OAYS	HOURS MIN		
	78 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	E STATE		
1	Virginia	U.S.A.	WIDOW	- V	Allega	ny	MD.		
1	Oumberland	(IF NOT IN SUCH FACIL	ITAL, NURSING HOME (LITY GIVE STREET ADDRESS) 1 Hospital	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Clerk	ION 126 KIND ST WORKING LIFE) INDUSTRY	OF BUSINESS OR Market		
		OR OTHER INSTITUTION, GIVE RI		YES NO 1	P.O. BOX		529		
1	Toliver	Je	we 11	Mary	Ellen	Higgs	AST		
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 S	SOCIAL SECURITY NO	17 INFORMANT	ADDR				
	No		0-10-4350	Janet Lybar	ger Same	as #13 above	<u> </u>		
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICAN The DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A	A CONSEQUENCE OF ALCONSEQUENCE OF ALCONS	NOT RELATED TO THE TERM	-Rour		DINGS USED		
					YES NO	YES []	NO [
7	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE	P. M. 21a PLACE OF IN (AT HOME, STREET, FA point) view the body offer OR PRINT)	MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eased from 19	211 LOCATION STREET 19 80 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 270 ADDRESS The	death occurred on the d	ote and hour and from the	state ., that & (we) lost the couses stoted SIGNED Medical		
				Center, 4 We		land, Md. 2	1502		
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	June 13,	1986 Hiller	rest Burial PK		d Allegany	MĎ		
	24 FUNERAL DIRECTOR Georg	ge-Upchurch	Funeral Hou	HE CIOCE	TE REC'D, BY REGISTRAR	ZOD. REGISTRAR'S SIGNA	TIURE		
	Wendy N. Upchui	ch 202 Gre	eene St. Cu	טויו , טויו	a FEIG				

DHMH-16 25M (VRA 15, 4) 1/79

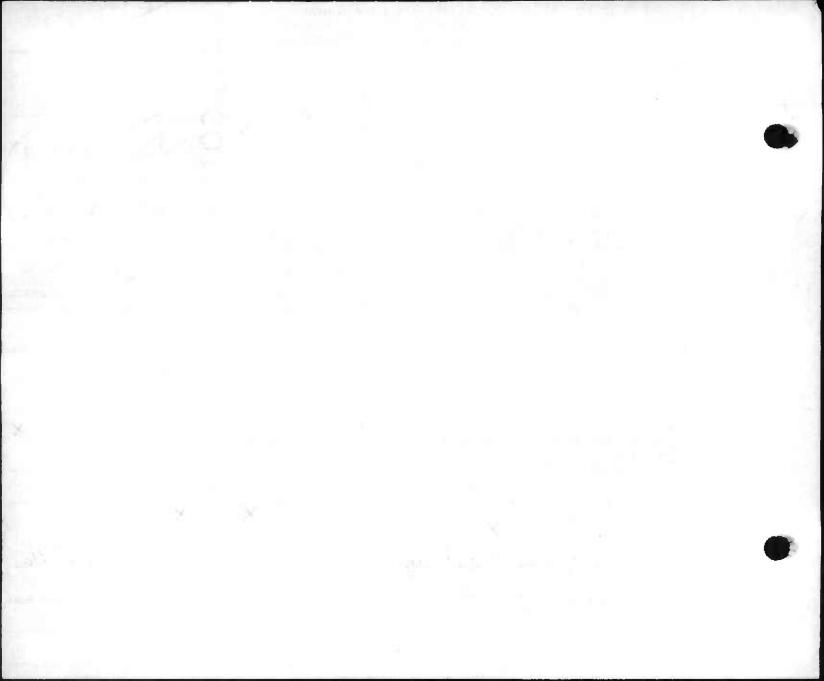


	r dearn. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a finantive retained by the hospital or attending physician.
	TO HOSPITAL S

1 -	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLA MENT OF HEALTH AND I CERTIFICATE OF D	MENTAL HYGI	NE 8 6	1	3 3	0 0
	EASED NAME FE	RST	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
Trans Co	El	LMER :	STERLING	KELLER			7	14 86	1405 H
3 SEX	MALE	1 RACE CAU	sc.	5 DATE OF BIRTH	YEAR 24	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAY	
	HPLACE (STATE OR FOREIG		WHAT COUNTRY?	MARRIED A NEVER A	MARRIED	BALTIMORE CITY ALLEGAN	OR COUN	TY OF DEATH	MC
11 . 1	OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LIAL HOSP	G HOME OR OTHER INST	NOITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST RET I RED		G LIFE) INDUSTR	of Business or 1road
130 ST	RESIDENCE (IF NURSING)	COUNTY MINERAL	13c. CITY OR TOW RIDGE	ADMISSION) 134 INSIDE C	ITY LIMITS?	STREET ADDRESS	8x 44	5 RIDGE	EYW VIA
FAT	HER'S NAME FIRST RUSSE	ll Keller	LAST		MAIDEN NAM	tha Stoner			2675 AST
	AS DECEASED EVER IN L 5, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU (17-18-			ORIAL HOSE	RESS PITAL CUMB		12 2152 0
		MEDIATE CAUSE (0)	Man	ar seu	Re n	11	_		
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CERTIFICATION	Canditions, if any, wh gave rise to immedicate ion, stating underlying cause later to the cause of the cause	DUE TO CO OTHER DUE TO	ONTRIBUTING TO DITION FOR WHICH OF INJURY	OPERATION WAS PERFO	TO THE TERMIN	NAL DISEASE OR CO	206. IF	GIVEN IN PART YES, WERE FINI RTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
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RILLEY PULLEY d's BY PARTY Selection of the Republic

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7012		EASED NAME OR PRINT)	\E	FIRST			IDDLE			LAST		1	2a. DATE	KNOWN ESTI-	1 D v	MONTH	DAY YEAR	100 K
PLEASE ECTOR: PHOURS STREET,				Mary			izat			Kern			DEATH	MATED		07-2		
S NECESARY, PLASS EFUNERAL DIRECTOR. E 5-FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,	3 SEX	emale	4. RAC		DATE OF B	2–19.	5 ^{YEAR}	LAST BIRTHE	ARS IF UN (AY) MONTH (RS.		IF UNDER	MIN.	PRONOL DEA	INCED	M	07 - 2	28 ₁₉ 86	14 11001
PREST Y	7g. Bli	RTHPLACE (S	STATE OR		76. CITIZEN	OF WHAT USA	COUN	TRY?	MARR! WIDOW		VER MARRI			MORE CIT		COUNTY	OF DEATH	
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SECOND S	13a. S1	L RESIDENCE TATE MD	(IF IM MU	RSING HOME O	R OTHER INSTITUT	ION, GIVE RI	esidence 3c. CITY	BEFORE ADMISS OR TOWN	ION)	13d. INSIDE C	ITY LIMITS?		EET ADDI	RESS	nd /	Aveni	ue/215	
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1	16a. W (YE	AS DECEASE S. NO, OR UNKNI NO	D EVER	(IF YES, GIVE V	AED FORCES? WAR OR DATES)			11AL SECURIT -48-14		Mr.	THAN			ADDR	ESS		MD - f	ather
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AL EXAMINER ALCING WE BURITAL - REMIT. AND MENTAL HYGIENE, DATION, OR REMOVAL.		gove r	ise ta) stating	ony, which immediate the <u>under</u> -	(b)_			SEQUENCE						- 1				
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OR TO BU	MEDICAL CERTIFICATION	21a EXTERN UNDERLYING CONTRIBUT	G 🗆	OR	HOU	ME OF IN R A.M. M P.M.	JURY NONTH	DAY YEA	R 21c HC	W INJURY	OCCURRE	D LENTER	NATURE OF I	NJURY IN ITEA	A 18 PART	I OR PART	2}	
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ACTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 212		EXAMINER'S (TYPE OR PR	NAME	G.	Mastra	ngel				ADDRESS_	Setor			Cumbe	erla	and,	MD	
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17 E (5))		James		carpe	lli, Ĉ	ooress umbei	rlan	d, MD	21502		SO DATE P		REGISTR	AR 25b R	EGISTR	AR'S SIG	NATURE	
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MARYLAND 21201 2170 44 hours ofter depart marketsy, silled in by the funeral out 2 should be filed within T
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE S S REG. N	0	3 4	3 4
	CEASED NAME FIRST Ruth		MIDDLE LIZABETH		REITZBURG	7/17/86	MONTH DAY		3;50a M
1,50		4. RACE		5 DATE		6 AGE (IN YEARS LAST 8IF	RTHDAY) IF UNDI		IF UNDER 24 HRS
F	ema1e	White		10	-13-09 YEAR	76	YRS.	BATS	HOURS MIN.
	MITHILACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY		ATH	
-	ARYLAND		d States	WIDOWI	EDK DIVORCED	Alleg Co			MD
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF	BUSINESSOR
	ostburg		rg Commun		ospital	HOUSEWIR			HOME
13a		or other institution UNITY	13c. CITY OR TOWN Frostbu	1	13d Inside City Limits? Yes X X NO [13e STREET ADDRESS 139 Spri	ng ST, F		21532 ourg MD
14. F	ATHER'S NAME FIRST	WIDDLE	PERDEW		ANNA	WE		SLO	RAN
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECUR	RITY NO.	17 INFORMANT	FROS	TBURG,	MD 2	21532
	NO	V.A.	213 22 3	3519	MRS. SALLY	LOGSDON, 1	151 BOWE		ST.
ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. FART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION	Lyner	EASUR A CONSEQUE	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN		GS LISED
LIFIC						YES NOT	IN CERTIFYING	CAUSES	NO T
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has	DEATH HOUR A. P. 21e PLACE (AT HOME, ST	.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		PART 21	STATE
	saw the deceased alive above, (1) (we) (did) (did	on take	10 4		nd that in (my) (our) opinion o	death accurred on the d		rom the co	
	224 PHYSHCLAS SHOWN COM	gent of	10 h	7		MEDICAL STA DIRECTOR PHYSIC		C DATE ST	GNED
	Dr. S. Kim		_/		WEs	ternport, N	1D 21562m		
23a l	BURIAL, CREMATION, REMOVA	23b. DATE	/86 ST		CHAET, CEM	23d LOCATION CITY OF TOWN FROSTBUF	COUN		, MD
75	Mers Juneral	Home	60 W. M. FROSTBU	AIN			256, REGISTRAR'S	GAN SIGNATU	Y
							7		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or ottending physician

injury, or other troumatic event, the

Home Funera 1

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1916	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6 1 8	505
	PE OR PRINT) ALICE	LORRINE	LANCASTER	July 6, 1986	25 15 A M
	EMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY 6/17/02	6 AGE (IN YEARS LAST BIRTHDAY) IF UN MONTH	
10.0	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND EITY OR TOWN OF DEATH Imberland	7b CITIZEN OF WHAT COUNTRY? U.S.A. 11 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPITAL	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	MD. 26. KIND OF BUSINESS OR NOUSTRY PAJAMA FACTO
130. M		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) /N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 99 FROST VILLA	
2 16a	THOMAS WAS DECEASED EVER IN U.S. AR.	P. CARTER MED FORCES? 16b SOCIAL SECU	CATHER	WIDDIE	GROTER MD 21532
Hy the ottending physician and assert remuse corbonoppers. Page all creations or removal. It either traumatic event, the medi	PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), an D BY: E CAUSE (a) DUE TO, OR AS A CONSEQU	ENCEDE	HESS, 101 OAK SÍ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hygiene prior to built by a series of the se	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES, WE	ERE FINDINGS USED G CAUSES OF DEATH?
spoked or ham a marked or ham MEDICAL		21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE. I	6-24 19 50	CITY OR TOWN 19_	COUNTY STATE (we) last
the State Dept. of the State Dep	22d. PHYSICIAN'S NAME (TYPE O	r) iew the body after death.	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
NPORT	Anthony J. Bol BURIAL, CREMATION, REMOVAL (1986)	lino,MD	955 Frederic NAME OF CEMETERY OR CREMATORY DSTBURG MEM PAR	K FROSTBURG ALI	UNITY STATE

FROSTBURG

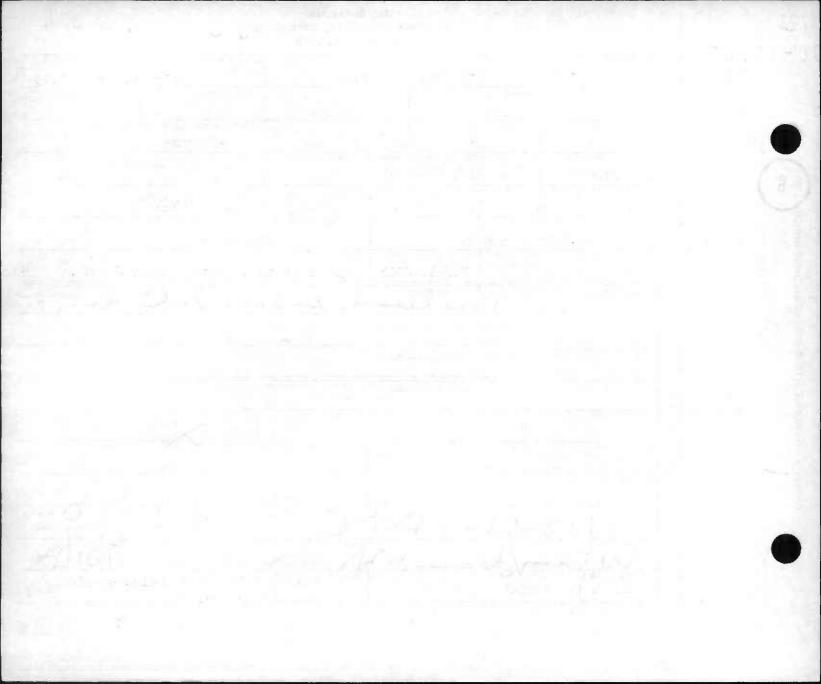
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DHMH - 16 60M 7/B4

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U -	13/1	16				RST	MIDDLE		LA.	ST .	2a. DATE OF DEA		DAY YEAR	2b HOUR
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	you od			3. SE		I	4 RACE		5 DATE OF		& AGE (IN YEARS L	AST BIRTHDAY]	WE UNDER I YEAR	IF UNDER 24 HRS
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E B	filled in	5	5	13a. S	L RESIDENCE (IF NURSING TATE 136	COUN	other institution, give residently light control wiley	OR TOWN	rd	13d INSIDE CITY LIMITS? YES NO 🖔	13e.STREET ADDR	26767	DE 9	9999
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PRESTON ST., BA	e death certificate e attending physic	nation, or removal			PART I. DEATH WAS IM/ Canditions, if any, wl	CAUSED MEDIATI nich iate	DUE TO, OR AS A COL	NSEQUE	NCE OF	e und	scu	lit	WEEN	XIMATE INTERVAL ONSELAND DEATH
01 W. F	s that the	or other			underlying couse I	the ast.	DUE TO, OR AS A COM							
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DIVISION OF VITAL RECORDS.	on. has been	ene prior	1	CERTIFICATION	19a DATE OF OPERATION	7	19b. CONDITION FOR	WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDI IFYING CAUSES ES []	
FVITA	IAN: Th physicia rificate l	Mental Hygie or Item 18 sho	G		21a, ACCIDENT WAS UNDERLY		21b. TIME OF INJURY HOUR A.M. MON	TH DA	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE)	OF INJURY IN TEM 18	PART I OR PART ?)	
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	OR AT	ept.			12h SIGNATURE	did pot	view the body ofter death	1.	D	EGREE			22 DATE	SIGNED
	AL D	te Di			WE	-	nlass	_	W	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [1119	(180
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		with the Sta	/		Dr. H. C.	Mei	rrick				land, Md		- CG2. 1.5G1	
01	To reto	3 3	2	23a E	URIAL, CREMATION,	AOVAL	23b. DATE			METERY OR CREMATORY	23d LOCATION	V WN	COUNTY	STATE
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1.6	DHMH - 16	66M 7	/84		INERAL DIRECTOR		Mic	DDRESS.			REC'D. BY REGIS			The state of the s
	(VRA 1		-11	J	ames F. Scar	pel	li, Cumberla	nd, i	MD 21	502	() IROD	Carry D.	steurn ka	-CARA



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OF V	CIAN	ol-tro	E de la company		OR CONTRIBUTING CA		O F	.m. MONTH	DAY YEAR								
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	OR A	DIRE	5 / /		27b. SIGNATUR			7		DEGREE	NDING	MEDICAL	CTARE	23	L DATE	MONED	
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	O HOS	TO FUNERAL I	2		V.RUAL FEL							VALSH DEI	VE, CUI	MBER	LAND	,MD 215	50
					URIAL, CREMATION, R			1		CEMETERY OR CREM		23d LOCATION	N	COUN	ITY	STATE	
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4				CEASED NAME FIRST	.mc.	WIDDIE		AST CO.C.		20. DATE OF DEATH		EAR 26 HOUR
10	oy be			ROBER		LIFFORD		EGROS		July 18, 1		6:20 AM
	4 moy or. po offer d		3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
	oge -	1	11	Male	White		Nov	. 14	1922	63	YRS	
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ARYL	d within	2	TI FA	THER'S NAME FIRST Andre	MIDDLE	LeGros		15 MOTHER'S	MAIDEN NAM		Lamy	LAST
MORE, N	o - co	medicol e			RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 018-16-8		17 INFORMA Dana I	NT	RD #5 Box	SS	ord Da
ON ST., BALTI	h certificate b ding physicion orbon papers.	ofic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe ED BY: TE CAUSE (a)	//	ctern	Siti	Mondal	", acide		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS.	e low requing.	rolui kua saoni	CERTIFICATION	190 date of operation	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES □ NO 🛣	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
OF VIT	phys tifico I-froi	Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c HOW IN	IJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)
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	00 00	E S		22a.1 certify that (1) (this hosp			7.	-18	19 86		18, 19 8	, that (I) (we) last
	ATTEN sspitol CTOR: d for us	21 :		saw the deceased olive ar abave, (I) (we) (did) (did as	7 - 18	y after death.	8C , at	nd that in (my)	(our) opinion o	death accurred on the de	ote and hour and fro	m the couses stated
	hospii hospii JRECT(hed fo	e e		226. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	Z		DEGREE	TEELIDING	uspica.		DATE SIGNED
-	A the state of the	-		6/1000	Morning	2/100				MEDICAL STAI DIRECTOR PHYSIC	IAN	-18-86
	45 E E E	1		22d PHYSICIAN'S NAME (TYPE				22e ADDRES	1000	National Hw		
	House of the	2		Dr. John Whitm						e, MD 21502		
0	ann	13		URIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCATION	_COUNTY	STATE
(14	CBP-7-4	7		Burial	7-22-				atholic	Gem. Fitc	hburg Word	œster Mass
71	DHMH - 10 60M	7/84		INERAL DIRECTOR	1.21.	ADDRESS	edfor	d, Pa.		E REC'D. BY REGISTRAR	256 REGISTRAR'S SI	GNATURE
	(VRA 15, 4)		T:	imothy A. Berke	prite 5	14 S. Jul	iana	St.	JU	JL 22 1400	gava pena	erro Rendress

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1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	8 5	0 8
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT		HOUR 27
3. SE	HOWARD	EDWARD	LONG 5. DATE OF BIRTH	July 11,	1986	D.
	Male	White	Aug. 11, 1902	22		DURS MIN.
15	W. VA.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO		М
1	Cumberland	Memorial Hosp		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Self-Emplo	PKING LIFEL INDUSTRY A	rmer nter
5 30.	W. VA. Min	other institution, give residence before 131. CITY OR TOWN Patters	on CK yes No X	Route 3, I	SOX 290/26	746/
	ather's name	ward Long	15. MOTHER'S MAIDEN NA Annie	Mae MIDDLE	Dohrman	
	NAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) 1 IF YES, GIVI	MED FORCES? 166 SOCIAL SECU 232-26-	8175 Dorothy S.	Long - same		
13		ly ane cause per line for (a), (b), on D BY. E CAUSE (a)	TRICUM	TACHYUM	ROW / 7	E INTERVAL ET AND DEATH
13	Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOU	0 - 5/1	(II	yan	ns
ICATION	PART 2 OTHER SIGNIFICANT C	AL STENOSI	DEATH BUT NOT RELATED TO THE TERY OPERATION WAS PERFORMED	20g AUTOPSY? 20b	ON GIVEN IN PART TIPES IF YES, WERE FINDINGS CERTIFYING CAUSES OF	IN MAC CUNIU SUSED DEATH?
AL CERTIFI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN 11	YES 🗍 1	NO []
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITYORTOWN	COUNTY	STATE
		tol) attended the deceased from	6, and that in (our) opinion	death occurred on the date as	, 1986, tho	t (1) (we) last
	THESIGNATURE	man	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE, SIG	NED /
7	Dr. James Rave		22e ADDRESS Memor	ial Hospital M rland, MD 2150	ledical Buil	ding
230	BURIAL, CREMATION, REMOVAL	- 1 1 1 1 1 1	NAME OF CEMETERY OR CREMATORY t. Ashby Cemeter	y Ft. Ashby,	Mineral,	w.\%.
24 F	John J. Haf	er, Jr. Lava	le, MD	TE REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE	do

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John J. Harry, Mrs. Laveley, Mr.

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- ַע ני	1,3 2 2 1	I. DE	CEASED NAME FIRST JACK	MERLE.	MIDOLE		LAST	REG. N 2a DATE OF DEATH JULY 17, 1	MONTH DAY	YEAR	26 HOUR
	1 2	3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE		UNDER 1 YEAR	IF UNDER 24 HR
	1 11/19	I	Male	White	4	Augu		64	YRS	VIHS DAYS	HOURS MI
-	2 62 10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
w	the strain		Pa.	US	SA	WIDOWE		Allegan	y Cour	ity	,
A	1 th 1 1	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS C
5/	J. John	Cu	mberland	SACRE	D'HEART F	OSPIT	AL	Janitor	OF WORKING (IFE)	Jani	toria
22	100	USU 13a	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	136. CITY OR TO	RE AOMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7ID CODE	21502	2
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	d col		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	200		21502
BALTIMORE	ond c Poges	(YES, NO OR UNKNOWN) (15 YES, GI	YE WAR OR OATES)	214-16-	2402	Roselyn Lo	werv 9 As	sbury A	Ave	LaVal
ALTI	rhe i	-	18. CAUSE OF DEATH (Enter of		r line for (a) (b) a	ndicio		7.1027 7 116	JOULY 1		ONSET AND DEAT
	phys pop novo		PART I. DEATH WAS CAUSE	ED BY:	mite	sto 6	SCARRIAN	Day 01/1		BEIWEEN	ONSET AND DEAT
N ST	ling rbor rr rer ric ev		IMMEDIA	TE CAUSE (o)	/ ara	na	oc (po ve v u	100	7		
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	thot il		underlying couse lost	DUE TO, C	DR AS A CONSEOL	JENCE OF					
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2	hos hos	Ę						YES NOT	IN CERTIFYIN		NO T
/ITA	N: Thysicid	- E	21a. ACCIOENT WAS UNDERLYING		OF INJURY	-	21c. HOW INJURY OCCUR				
OF.	Clar phy mol-tr		OR CONTRIBUTING CAUSE OF DE	AIR .	l.m. month d .m.	DAY YEAR					
NO NO	ding ding horic Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	N.			
VISI		¥	WHILE NOT WHILE O	(AT HOME, S	TREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
۵	DING P or offer the se os the olth one morked		220.1 certify that (I) (this hosp	ital) attended t	he deceased from		19	to	. 19		that (1) (we) la
	ATTEND ospitol o		sow the deceosed alive ar obove, (1) (we) (did) (did no				nd that in (my) (our) opinion				
			27b. SIGNATURE	ot) view the bod	y ofter death.		DEGREE		.	22c DATE	SIGNED .
	the hard		A. m. s. 111	An.	,	na	ATTENDING	MEDICAL STA		7	/18/81
U	PITA by by Stot	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		100	PHYSICIAN [22e. ADDRESS	DIRECTOR PHYSI	CIAN	1-/	100
	TO HOSPITAL TO FUNERAL should be dett with the Store IMPORTANT: I		DR. GARY WAGO	NER			925 BISHOP W	ALSH ROAD	CLIMBERL	AND I	MD21502
	Show of the state	720	BURIAL, CREMATION, REMOVAL		I 22.	NAME OF	EMETERY OR CREMATORY	1234 LOCATION		110, 1	1021702
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	Dr	24 F	JNERAL DIRECTOR ~	17-20	OU IRE	SCIA	wn Memorial	LaVale TE REC'D. BY REGISTRAN			
	DHMH - 16 60M 7/84	Τ.	UNERAL DIRECTOR Cumber	rland,	Maryban	d 21!	502				Signature and
	(VRA 15, 4)	100	easure-Stein	Inc. 2	30 Balt	.1mor	e Ave. I	UL 24 1986	The same of the	La Patienta a	0

STATE OF MARYLAND

LEASURE-STEIN FUNERAL HOME

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Nd. _ Allegany Flithtone MA Rt. # 1, Box 225-B 21530

Phornton W. Means, Sr. May

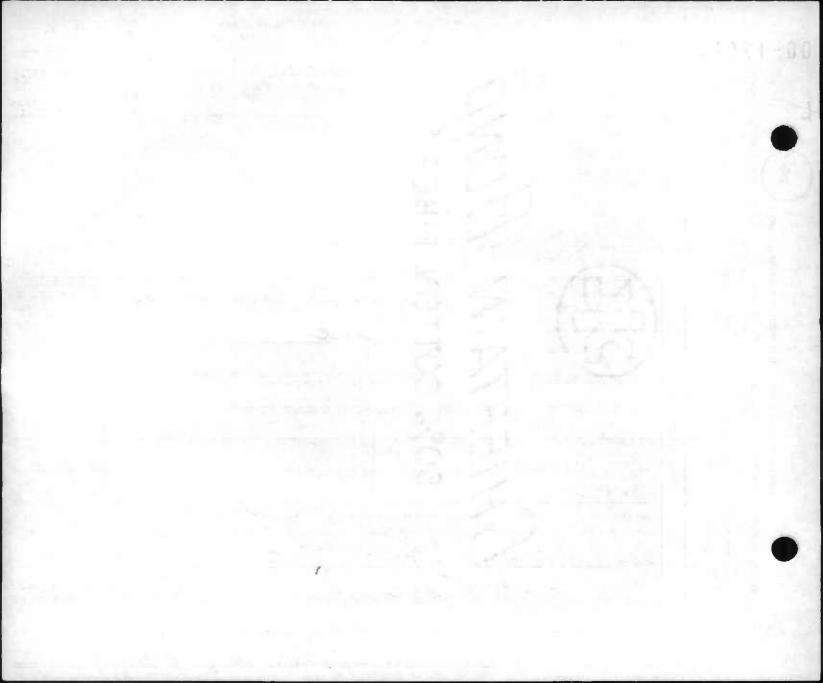
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Burial Jul.22,1986 Mt. Hion Comptery Changyrille Bedford Penna.

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		£	offer.					_	MONT	DAY YEAR		MO	NIHS DAYS	HOURS MIN.
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		death. P	12 h	350	1	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A	• WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Allegany			MD.
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AARYLA		d within	npletely) w//		ATHER'S NAME FIRST	WIDDLE	MI LLE	R	15 MOTHER'S MAIDEN NA/ FIRST ANN I E			CONDO	N.
Æ. A		corte	con se	9 1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRES			
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BALT		ficate b	popers popers	the the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe D BY:	er line far (a), (b), and	light of	elm man	anest		APPROX.	MATE INTERVAL ONSET AND DEATH
N ST		8	orbon orbon	Ť.		IMMEDIA	TE CAUSE (a)	OR AS A CONSEQUE	NCEOF	a vicina	1 4			
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W. PR		hot the	by the	1		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	OR ASTA CONSEQUE	NCE OF	ton anes	tathor	~		
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LRECORDS		he law re	hos been permit.	5	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
OF VITA		CLAN T	riticate altransit	与		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	1 OR PART 2)	
DIVISION OF		G PHYS)	the bun	a pay	MEDICAL	21d INJURY OCCURRED while Not while At work	21e PLACE	OF INJURY TREET, FACTORY OFFICE FA	1,	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ā		0.0	Aft the or	mor.		22a.1 certify that (I) (this hasp	ital) attended t	he deceased from			, ta	, 19	·	that (I) (we) last
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		80 0	Diff	1	1	22h SIGNATURE	1,1/			DEGREE (A () ATTENDING	MEDICAL STAFF		225 DATE	SIGNED
		TAI	RAL	ž-,-	1	Inomas	WL	mo	/	PHYSICIAN [DIRECTOR PHYSICI	AN		
		HOSP of	O FUNE ould be	PORTA		Dr. Gar		er		925 Bishop W	Walsh Drive,	Cumbe	rland,	Md. 2150
		0.5	14	3/	23a. l	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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			H - 16 60/ VRA 15,		S	WERS FONERA	HOME	FRÖSTB	URGS	T. 250 DAT	E REC'D. BY REGISTRAR 2	Sh REGISTRA	AR'S SIGNAT	URE

with to the street. See the wall seem doors. COLUMN TALLESTAY OUR SERLING X - 229 BRUTI MORE AVE. 21402 JOIN ANNIS CONDON NO. 18. A. PERSON NO. NEW YORKS B. WILLIAM PR. ASSESSMENT OF THE PROPERTY OF T TY21/56 IS DEUTINOS OF THE STATE OF SEVEN

0	12017	1-	FOR STATE REGISTRAR				OF HEALTH	AND M		GIENE DEATP	REG	1 8 5. NO.	5	1	2
U -	数金融器用		EASED NAME	Eug	gene Rob	MIDDLE	M	logor Nor	9an		DATE KNOWN OF ESTI- EATH MATED	- 17	8	19 86	26 HOUR
	A STATE OF S	3. SEX		4 RACE	5 DATE OF BIRTH		(IN YEARS IF UN	DER 1 YR.	IF UNDER 24		DATE	MONTH	DAY	YEAR	2d HOUR
	ARY. NON TON		ale	white	08-26-1	.928 5	7 YRS.		I TOOKS		DEAD	1	8	1986	23:45
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6	A PARTY OF THE PAR		Cumber.			al Hospi				trucl	of working (ife)	r		ate r	
1	Section 2	130. S	IL RESIDENCE	136 COUNT	ROTHER INSTITUTION, GIV Y Eqany	Tac. CITY OR TO	omission) wn Orleans	13d INSIDE C	ITY LIMITS? 13	street .	address ne/2176	6			
M.	T (S = 7	14. FA	THER'S NAME		MIDDLE	LAST		TS. MOTH	ER'S MAIDEN I		WIDDLE			LAST	
ORE	SA MARIO	17 14	LLC DECEASE		osson Mor		- LIBITY NO	17. INFOR	C	Charlo	otte Su		llei		
TIM	S AFTER GIVE PA GIVE PA PAGES IVISION	160. V	S, NO, OR UNKNO	D EVER IN U.S. ARM		166 SOCIAL SEC				-					- wife
PRESTON ST., BALTIANOR	JRS AFTER B. GIVE P WITH FO T. PAGES DIVISION		T8 CAUSE O	F DEATH (Enter only	y ane cause per line	1 218-24		MIS	. Sarah	TE. M	Morgan,	Littl	A	PPROXIMATE	INTERVAL
TS N	\$ Z Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)	Arte	rioscle	rolic	Cas	dio	vezcu	las	BET	WEFNONSE	AND DEATH
STO	IIN 24 HO IN ITEM 1 ? ALONG ISIT PERMI HYGIENE, MOVAL.		100			AS A CONSEQUE									
2	VITHI NER NANS NANS NANS NANS NEA	100	gave ris	ns, if any, which se to immediate	(b)			ne							
01 W.	JUD BE EXECUTED WITHIN 24 F. "PENDING" IN PENCIL IN ITEA F. MEDICAL EXAMINER ALON DAS A 8 BURIAL - TRANSIT PER HEALTH AND MENIAL HYGIER CREMATION, OR REMOVAL		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUE	NCE OF								
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L RE	SHOULD OND "PER CHIEF M E USED A TOF HEA	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION W	AS PERFOR	MED?				20	AUTOPSY?	
VITA	WORD WORD WORD BE CHI	RTIF												YES 🗆	NO 🗆
DIVISION OF VITAL RECORDS, 201	HIS CERTIFICATE SHOULD WRITING THE WORD "PENARED TO THE CHIEF MARED TO THE CHIEF MAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAD OF THE OF PARTMENT OF HEAD OF THE O		UNDERLYING			MONTH DAY	YEAR	OW INJURY	OCCURRED (ENTER NATUR	RE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)		
ISIO	SHOOT OF THE PARTIES AND THE P	MEDICAL	21d. INJURY C	NG CAUSE OF D	21e PLACE C	FINJURY (ATHO		CATION		_					
Ş	E, WRIT EWARDE PAGE STATE 21201	¥	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC }	S	TREET		CIT	Y OR TOWN	C(YTMUO		STATE
	F > 6 F C4	1	220 certif	fy that I taak charge	of the remains dost	ribed abavé, helo	an Autop	sy .	Inspection	Ir. Ir	aquiry .	and in my o	pinian		
	EXAMINER: CERTIFICATE, ULD BE FORV DIRECTOR: P. WITH THE S. MARYLAND,		death resulte	ed from. Nature	ol causes	Accident ,	Suicide	, Hami	cide .	Undetermi	ned manner],			
	CERT CERT UID F		ACTUAL	()ve	MAINE	n leus	5-	TITLE (S	PECIFY			DATE		7-92	2/2
	SHO		SIGNATURE_			II	M.	.D. J.E	jung	_MEDICAL	EXAMINER	SIGN	ED_	10	,
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, A BALTIMORE, M		EXAMINER'S (TYPE OR PRIN	VT)	aulisa	1,00,0		ADDRESS.		eton	Dr. Cu	mberl	249	NIC	21902
		230. Bl	PECIFY)	TION, REMOVAL 23			F CEMETERY O			236 LOCAT	NWN		UNTY		ATE
07/84 25M	BP	24. FU	Buria UNERAL DIREC		07-11-198	361 Pros	sperity	Meth.	250. DATE REC	Fli C'D. BY REC	ntstone	EGISTRAR'S	egan Signa	V ME	
	DHMH - 17 (VR A15 ME (5))		James	F. Scarpe	elli, Cumb	perland.	MD 2150	2 ,	11 1 4	1986	Julia Da	vidson-1	Pande	规。	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

3 1.3

0.5	FOR STATE REGISTRAR	lfrieds	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	3 0	G. NO.	3 5 I	3
See 3	3. SEX	RediA ARACE	MIDDLE	NE.	LMAUN	20. DATE OF DEA	7-2	2-86 IF UNDER I YEAR	2b. HOUR I A, M IF UNDER 24 HRS.
disease of the same	Female 70 BIRTHPLACE (STATEORF	OREIGN 76 CITIZEN O	White F WHAT COUNTRY?	May	19°, 18°99	87 9. BALTIMORE C	YRS.	OF DEATH	HOURS MIN.
/ 3	CITY OR TOWN OF DEA	TH 11. NAME OF	S.A.	WIDOWED	DIVORCED DIVORCED	ALLEG	any Cou	12b, KIND OF	MD.
V	Cumberlan USUAL RESIDENCE (IF NURS) 130. STATE			E ADMISSION)	ing Home	Secre	tary	B &	0 Railr
oletely filled and 2 should organic my	Maryland 14. FATHER'S NAME FIRST	Allegany	Cumbe	rland		Rt. 2	Box 1	Samba	21 502
Pages 1 or	Henry 160 WAS DECEASED EVER (YES, NO OR UNKNOWN)				Helen Wa	A	Rogess 2 Cumberl	Box 12	21
been signed by the attendi	Conditions, if any, gave rise to imm cause (a), stating underlying cause PART & OTHER SIGN 19a D. MOF OPERAT 21a, ACCIDENT WAS UND	which (b) ediate g the lost. (c)	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO THE AUTOM FOR WHICH	ENCE OF DEATH BUT N	OT RELATED TO THE TERM	MIN AL DISE ASE OR NO F 1 200 AUTOPSY	frilled 20b. IF YES	EN IN PART TO	GS USED
ial-transit pental Hygiene	0.000.000.000.000.00	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	YES NO			NO 🗌
ther this construction that the proof the proo	THE CONTRIBUTING COURT WHILE NOT IF A MODE WHILE NOT WHAT WORK AT WORK	ZIe. PLAC	E OF INJURY STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
IERAL DIRECTOR: Afore detached for use of State Dept. of Health	220.t certify that (1) saw the decease	hold for for		2195	that in (my) (aur) apinion EGREE ATTENDING PHYSICIAN 220 ADDRESS	death accurred an			
TO FUNERAL should be detr with the State (MPORTANT: 1	M. P. SA)	HETA for REMOVAL 1836. DATE	1 /	NAME OF CE	220 ADDRESS MELLINGER METERY OR CREMATORY	Horping 23d. LOCATION		berlene	& Md -
16 50M 4/B2 A 15, 4)	24 FUNERAL DIRECTOR		-Stein	funera	rest Cemeto al Home 250 DA MD 21502			RAR'S SIGNATU	JRE

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		1.	FOR ROTRUCK FUN	ERAL HOMI	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENES Ó	1 8	5 4
00-1	2936		REGISTRAR 85 SOUT				ICATE OF DEATH	REG. NO		
00 1	2000		CEASED NAME FIRST		DDLE		AST		MONTH DAY	YEAR 26 HOUR
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# 36 4 m	ector, purs after	3 SE)	Male	White		Sept	. 15,1917	68	YRS	DAYS HOURS MIN.
eath. Po	nerol din 72 ho.		RTHPLACE (STATE OR FOREIGN OUNTRY) Va.	76. CITIZEN OF W		8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ALLEGAN		EATH MD.
efter d	of a second		umberland	1 NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A HEART H	DDRESS)	OR OTHER INSTITUTION	12a, USUAL OCCUPATION THE OF WORK FOR MOST OF	iver 5	kind of Business or pustry Dencer Tr.C
(g G)	Tilled in	13a. S	TATEINOU	rother institution, G NTY eral	Burling	ton	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP 200571	99999
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E, M	5-/1/	16n V	AS DECEASED EVER IN U.S. A	-	16b SOCIAL SECU		17 INFORMANT	ADDRE		5
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01 W. PRES	by the att ase remov il, crematic ather trau		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR	as a conseque	NCE OF	Septic	Sheck		
e 2	Then ple to burio	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	ITION GIVEN IN	PART 110
L RECORDS,	hos been prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL	physical phy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 7)
NO NO	an Hen	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION	CITY OR TO		OUNTY STATE
VISI	er the ond ond wed ked	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE F	ARM, ETC)	STREET	. 1.1	VN	OUNTY STATE
2 2	Aft Se os mor		22e.1 certify that (I) (this hosp	oitol) ottended (he	decreased from	a -	5/11 19 06	o to the	90 19	that (I) (we) lost
TE	for the state of H		sow the deceased alive po above, (1) (we) (did) (did)	of view the body	Mer death.	0	nd that in (my) (our) opinion	death accurred on the da	e and hour and	from the couses stoted
OR A	ched ched Dept.		226. SIGNATURE	Na II	L. 1		DEGREE	Lucasa san		224. DATE SIGNED &
TAL	RAL Cate Coto		1/4		myre			MEDICAL STAF	IAN 🗌	1/1/10
OSPI	O FUNER hould be ovith the Str		22d. PHYSICIAN'S NAME (TYPE	1	MD		77e ADDRESS	DRIVE CUMBE	M CHANIC	7 1
0	Should should with 1	230 0	RICHARD G. URIAL, CREMATION, REMOVA			IAME OF C	METERY OR CREMATORY	DRIVE CUMBER	LANU, M	0.21302
1,00	099	430. 0	Burial	9 Jul				Keyser	Miner	al W. Va.
911	111	24 FL	INERAL DIRECTOR				25a DAT	E REC'D BY BY SISTRAR		
DHA	AH - 16 60M 7/84 (VRA 15.4)		NAME Allen Ro	truck	Keyser.	W.	Va. JUL	14 1000		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND PTO	00
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 12 figure afty death. Page 4 may be retained by the haspital or ottending physician.	-13
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detected for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be seen within 72 hours after death	35
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MADOD TANEL IS from 21 is marked as from 18 and 18 and 18 and 19	3
The Carlotte Hell At 13 months of the Carlotte C	7

STATE OF MARYLAND

6		8	13	1
RE	G. NO.			

1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE 6 8	5 1 5
	CEASED NAME FIRST		WIDDEE	ė.	AST .	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
(IAM	JANE	ELIZA	BETH	PAT	RICK	JULY 13, 1986	11:25 A
3. SE	X	4. RACE		5 DATE C			FUNDER TYEAR IF UNDER 24 HRS
1	FEMALE	WHITE		8/	13/ 1923	62 YRS	
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D KKNEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
_	ENNSYLVANIA	U,S		WIDOWE		ALLEGANY COUNTY	MD.
Ed	ITY OR TOWN OF DEATH UMBERLAND	(IF NOT IN SUC	HOSPITAL, NURSIN THEART H	ADDRESS)	AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	126 KIND OF BUSINESS OR INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNT ARYLAND		GIVE RESIDENCE BEFORE 13c. CITY OR TOW CUMBERLA	/N	YES XX NO	13e.STREET ADDRESS / ZIP CODE 802 EDGEWOOD DR.	, 21502
) 4. FA	ATHER'S NAME FIRST WALTER	J.	IVORY		15. MOTHER'S MAIDEN NAV	MIDDIE	BLANK
	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU			BAND) ADDRECTUMBER TRICK, 802 EDGEWO	LAND, MD. 21502 OD DR., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	r as a conseou				
NOI	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110.
CERTIFICATION	19a. DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	n P.	M. MONTH D.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2}
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) this hosp sow the deceased dive on above (1) (we) (did) (did no	transpir / .	7	1		death occurred on the date and hour of	
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE O	VI	solo 1	21)	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-13-86
	ANDREW STASKO,					IVE, CUMBERLAND, M	D 21502
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL	236. DATE 7/16/			EMETERY OR CREMATORY JRG CATHOLIC C		P. WEST CO. PA.

DHMH - 16 60M 7/84

BP

24 FUNERAL DIRECTOR JAMES F. SCARPELLI (VRA 15, 4)

CUMBERLAND, MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 21 HOU AS A SECOND

6		CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEA	TH MONTH DA	Y YEAR	2b. HOUR
y be leoth	(ITP)		EDWARI)	LEE	PAT	TON	July 12			1:15A M
- 4	3 SE	Male	4	RACE		5. DATE (6 AGE (IN YEARS LA		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
* 05	/	female		wh:	ite	Apri			34 YRS.	NINS DATS	HOURS MIN.
1 2 21	7a. B	RTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY	(? 8	DE NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY C	FDEATH	
1 パスプ		aryland		U. S	S.A.	WIDOWI		Allegar	ıv		MC
1	10 C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCU		126 KIND O	F BUSINESS OR
() 3 DO	Çu	mberland	I	lemoria	1 Hospit	al		(TIPE OF WORK FOR A	OSI OF WORKING (IFE)	INDUSTRI	
1 76	13a. S	AL RESIDENCE (IF NURS	13b COUNT	THER INSTITUTION	ISC CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CODE th Mulber	mmir Ct.	2174
1 14		aryland	wasn	ington	Hagers	COMIT	YES 🔼 NO 🗌		th Maibe	LLY St.	reet
1 15 1/	17	FIRST	M	IDDLE	Patton		Rache1	MIDI	NΕ	Patt	070
1011	14. 3	Eugene VAS DECEASED EVER	INTLLS ADM	ED EODOESS	16b SOCIAL SEC		17 INFORMANT	Δ	DDRESS	ratt	Ju
1 11 17	0	YES, NO OR UNKNOWN)	I IF YES GIVE	WAR OR DATES)						M	D 217
2 52		res	1969		239-90-		Mrs. Kathy I	. Patton,	Hagersto		
co h		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED	ane couse per	r line far (a), (b), c	and ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
g ph on p			IMMEDIATE		Pra	m	ww				
that the at d by the at lease remov iol, crematic		gove rise to imm cause (0), stotin underlying cause	g the last.	[c]	r as a conseq						
urres signed sen ple o burit	z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN	N IN PART 10	z .
been mit Ti	ATIC	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
he lo on.	CERTIFICATION							YES NO	_	NG CAUSES	OF DEATH?
phys ifica ifica of Hy		210. ACCIDENT WAS UND	AUSE OF DEAT		M. MONTH		21¢ HOW INJURY OCCU	RRED (ENTER NATURE O	INJURY IN ITEM 18 PAR	T 1 OR PART 2)	
HYSIC ading his cert buriol Mente or the	MEDICAL	(IF EITHER, NOTIFY MEDIC			M. OF INJURY	19	211 LOCATION				
op PH the b	ME	WHILE NOT WH	ILE 🗍		REET, FACTORY OFFICE	E FARM ETC)	STREE1	CITY	OR TOWN	COUNTY	STATE
or or Afte		220.1 certify that (1)		al) attended th	ne deceased from	6/2	5/86 10	10 7/1	11	11	that (I) (we) los
F He		saw the decease	ed olive an_	7/	19	6	nd that in (my) (our) apinion	n death accurred on t	he date and hour	and from the	couses stated
R ATTEN hospital need for u tem 21 is		obove, (I) (we) (c	did) (did nat)	view the bady	atter death		DEGREE			22c DATE	SIGNED
0 = 0 0 0	8	ason	NS	x- m	· 2/	8	MD ATTENDING PHYSICIAN	DIRECTOR PH	STAFF	2/1	1/12
HOSPITAL ned by the FUNERAL UIG be deto the Stote ORTANT:	1	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT		-	Tale ADDDESS				
		Dr. Figu	eroa				Memor	ial Hospit rland, MD	21502	ar Rrd	g.
of of shoot of the	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF	EMETERY OR CREMATORY				
BP		burial					laven Cemeter	CITY OF TO	own, Was	h., Ma	ryland
		UNERAL DIRECTOR		H FUNE	RAL HOME		25a D.A	ATE REC'D. BY REGIS	RAR 256 REGISTR	AR'S SIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)	4	15 East Wi	lson E	31vd	Hagersto	wn, Ma	ryland,	1 6 1980	Julian David		CARD_
(100 13, 7)	-				0 =		11/411	-	4		

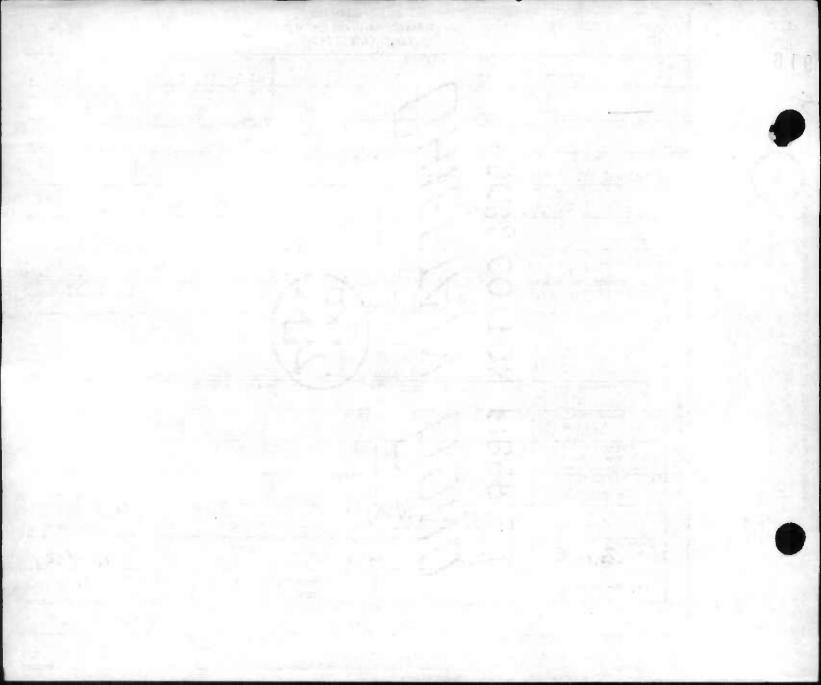
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂 CERTIFICATE OF DEATH

REG. NO

Item # 3, Film G620-10.22.86 ra

FOR STATE REGISTRAR



	1	Silcox-	Merritt Funeral	HOTTATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG		- 1 9
		REGISTRAR Cumber	Land, Md. 21502	CERTIFICATE OF DEATH	REG. NO.	3 1 /
19=031		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	ID HOOK
1 8 50 0 4	2.55	Velma	Audra	Peaslee 5. Date of Birth		1986 11:40R1
ctor. p	3. SEX	FEMALE	4 RACE WHITE	SEPTEMBER 4 1901	84 YRS.	ONTHS DATS HOURS MIN.
18		RTHPLACE (STATE OR FOREIGN OUNTRY) W.VA.	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	BALTIMORE CITY OR COUNTY OF Allegany County	DF DEATH MD.
32		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
35	USU/ 13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	PE ADMISSION) VN 13d. INSIDE CITY LIMITS?	RETAIL CLERK 138. STREET ADDRESS / ZIP CODE BOX# 252	DEPT STORE
Pietel 2 2 5 2 5 4 7 5 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
9	1_	ARTHUR VAS DECEASED EVER IN U.S. AR	F. GOFF	ELIZABETH URITY NO 17 INFORMANT	ADDRESS	POLT
Poges			2201077	26		
				TOTAL VIEW TO	ORBAUGH BOX 252 CC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emaval.	1		ly one couse per linity (ia) (ib) a D 8Y: E CAUSE (o)	artial guita	relin	
notion, or r troumatic		885	DUE TO, OR AND SHEET	INCE OF CITY OU	o de a latt	12 Ray
	H	Conditions, if ony, which gove rise to immediate couse (a), stating the	10)	orage forcer	Thors of regi	12000
or ather		underlying couse lost	DUE TO, OR AS A CONSEQU	AM.	0 0	
, y	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT HELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART 10
2	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FOR WHICE	OPERATION WAS PERFORMED	20s. AUTOPSY? 20s. IF YES,	WERE FINDINGS USED
a s	FF	6/30/06	Faclure 1	leit was -	IN CERTIFY	ING CAUSES OF DEATH?
18 s.h		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 21 HOW NJURY OCCUR	RED CHARGE GARAGE OF POLICE OF EM 18 PAR	RT 1 OR PART 2)
hem /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		211 LOCATION	o rull	
3 0	MEC	WHILE NOT WHILE AT WORK	(AT HOM)		CHOKION	STATE STATE
3		22a.1 certify that A (this hospi	tal) attended the deceased from	30 DD 10	10 7 112 11	that 11 (we) last
1080		sow the decepted olive on obove, (1) (we) did) (did no	t) view the body after death.		death occurred on the date and hour	
T H		776 SIGNATURE	lung	DEGREE ATTENDING	MEDICAL STAFF	171. DATE SIGNED
with the Stote	-	274 PHYSIGAN TNAME ITHE	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	1/11/16
PORT		Dr. Rena	to S. Lapidario	924 Seton	Drive, Cumberland	, Md. 21502
# JAP		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	POLINITY STATE
		BURIAL UNERAL DIRECTOR	WULY 14 1986 RE	ST LAWN MEMORIAL PA	ARK LAVALE ALLEGAN	YY MARYLAND
5 60M 7/84 15, 4)			ADDRESS	BERLAND, MARYLAND		
13, 4)	0	TTOOV-LIEVKIII L	UNCKAL HUME CUM	SCKLAND, MARYLAND	Amenda months	tot a de las basences

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 211201

Alege Kond in remark and the conductive of the c SPECE STATE OF THE SPECE STATE O

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	80
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cartificate be executed within 74 hours after death. Page 4 may be retained by the hospital or attending physician.	-
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and comparing the time to the other page 3	2
should be detached for use as the buriol-stonsit permit. Then please remove carpen paper. Fager and permit in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremating a semanal.	3 1
IMPORTANT; If hem 21 is marked or them 18 shows any injury, or other troumate event, the medical expansion of Societies.	0

			SCARPELLI I				E OF MARYLAND EALTH AND MENTAL HY	(CITALE)	9 5 1 6			
-12:	306	1 -	STATE REGISTRAR CUMBERL		21502		ICATE OF DEATH	REG. NO.				
			CEASED NAME FIRST	J	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
by be	60	(1111)	GEORGE	SAMU	EL PEER	R, SR.		JULY 6, 1986	9:20 Am			
od od	D D	3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
ge 4	S S		male	white		MONTH	12-02-1894	91 YRS.	MONTHS DAYS HOURS MIN.			
Po l	No.		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	OF DEATH			
leoth nero	25		WV	USA		WIDOWE		ALLEGANY COL	JNTY MD.			
1 1	20		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR			
5 43	Jak	-	umberland	SACRED	HEART HO	SPITA	AL.	retired .	Planing Mill			
2 184	3	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	f			
1	S		MD All	egany.	Cumberl	and	YES NO	16 N. Paw Paw	Way/21502			
1 38	NIL	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	LAST			
2 1	NY/		James	Peer			F R	Rebecca Lambert	5401			
9 91	1 8 1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS				
9 00	2 4		no		214-05-7	490	Miss Mary E	. Peer, Cumberlar				
910	- F		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line for (gf), (b), one		, -/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
all die	0 4			TE CAUSE (o)	Bilater	2	precemonit					
th ca	0 to 10 to 1		DUE TO OR AS A CONSEQUENCE OF									
of the	ro		Conditions, if ony, which gave rise to immediate	(b) F	erephanol	1-010	es/ar cites	Hicimey				
the the	rem rem her t		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE		/2.7	Jeet				
tho d by	or of		(c) Therefore									
signe	o bui	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
w rec	rior y	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED			
n. hos b	we bern	IFIC						IN CERTI	FYING CAUSES OF DEATH?			
A: Th	tygie 8 sho	ERT	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18				
phy phy riffic	Though the state of the state o	-	OR CONTRIBUTING CAUSE OF DE.	KIH	M. MONTH DA	YEAR 19						
ding ding	Men Ne	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION					
G Pr	ond	WE	WHILE NOT WHILE D	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
O N	aolth mor		22a. I certify that (I) (this hosp	ital) attended th	e deceosed from	7-	17 19 8	6 10 7-6	1986 , that (I) (we) last			
TOR TOR	of He 21 is		sow the deceased live on above, (I) (we) (did) (did no			3G_, or	nd that in (my) (our) opinio	in death occurred on the date and ho				
hosp IREC	ten ten		22b. SIGNATURE	it) view the body	offer deofn		DEGREE		22c DATE SIGNED			
the the	ote D		Del au	ena		84	ATTENDING PHYSICIAN		7-7-8-6			
SPIT.	e Stote		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS					
TO HOSPITAL retoined by the TO FUNERAL	with the Stote		URIEL VELANDI	A, M.D.			924 SETON D	R., CUMBERLAND, M	D 21502			
5 g 5 g	€ 3 ₹	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY					
BP		(Burial	07-09	-1986 F	ort A	shby Cemeter	y Fort Ashby	Mineral WV			
DHMH - 16	60M 7/84	24 FL	INERAL DIRECTOR		ADDRESS			ATE REC'D. BY REGISTRAR 256 REGIS				
(VRA I			James F. Scarp	elli, Cu	umberland	, MD	21502 JUL	1 0 1900 Their De	iridorn Produces			

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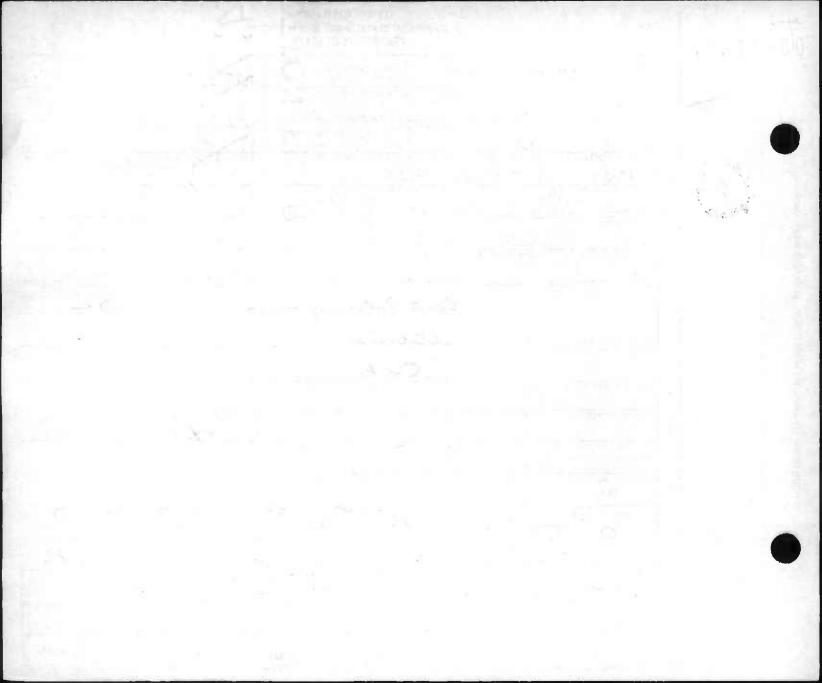
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- 12327	FOR STATE REGISTRAR				RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 5	1 9
buge 1	1 DECEASED NAM	FIRST WILLIA		CODY		ast RDEW	JULY 3, 1		DAY YEAR	2:40P.
ge 4 may	MALE MALE		4. RACE WHITE		S. DATE C	OAY YEAR	6 AGE IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
deoth. Po	PENNA.		USA	WHAT COUNTS	MARRIE		9 BALTIMORE CITY S ALLEGANY	7		MD.
o o o o o o o o o o o o o o o o o o o	CUMBERLA	ND	MEMOF IN SU	CH FACILITY, GIVE STA	PITAL	DR OTHER INSTITUTION	120 USUAL OCCUPAT 1 TYPE OF WORK FOR MOST RETTRED CE	OF WORKING LIF	E) INDUSTRY	OF BUSINESS OR
n 24 hou	MARYLANI		VTY .	130 CITY OR TO	OWN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	/ ZIP CODE	2/	530
ompleted with	AARON	C	ALHOUN	PERDI		IDA FIRST	WIDOLE		NNETT '	AST
be execu	160. WAS DECEASE IYES, NO OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166 SOCIAL SE		17 INFORMANT SHIRLEY MALLO	ADDR W RFD# 1 BC		FLINTS	
artificate g phy conpoper emovate event th	18 CAUSE O PART I. DI	F DEATH (Enter or EATH WAS CAUSE IMMEDIA	ily one couse pe D BY: [E CAUSE (0)	r line for (o), (b),		lynnon rel	na		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
that the death ce d by the attending lease remove corb iol, cremation, or roor or other traumatic			(b)_	DR AS A CONSE	telecti					
Se ed 5	PART 2 OTH 190 DATE OF 210. ACCIDENT				· · · · · ·	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND	
NG PHYSICIAN: The low require other this certificate hos been signs of the buriol-tronsit permit. Then the ond Memtal Hygiene prior to be orkeder, Item 18 shows ony injury	OR CONTRIBUTE (IF EITHER NO 21d INJURY (WAS UNDERLYING CAUSE OF DE. TIFY MEDICAL EXAMINE DCCURRED NOT WHILE CALL WORK	21e. PLACE	OF INJURY .M. MONTH .M. OF INJURY TREET, FACTORY, OFFI	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
OR ATTENDIN he hospitol or of DIRECTOR: Aft oched for use of Coppl. of Health if hem 21 is mor	22a.1 certify	that (1) () his hosp deceased alive on) we) (did) (and no		y after death.	84.0	nd that in (our) opinion			22c DAT	TE SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the Stote D IMPORTANT: If		THONY BO			ma	Physician [9550 Frederic Cumberland,		2150		3-86
₽ ₽ ₽ ₽ \$ ≥ 1	230. BURIAL, CREM. (SPECIFY) BURIA					EMETERY OR CREMATORY E CEMETERY	23d LOCATION CITY OR TOWN FLINTSTON	E ALLE	COUNTY CANY M	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIREC	TOR					L 08 1966	256 REGIST	Tan's SIGNA	20 1.00



(G	-
ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 2 years after death. Fage 4 may be CO supply or attending physician.	3 5 mov be
CCTOR. After this certificate has been signed by the attending physicals and completely fulled in by the funeral director, page 3. The following the property page 1 and 2 shauld be filed with all follows other depth.	Tre poge 3

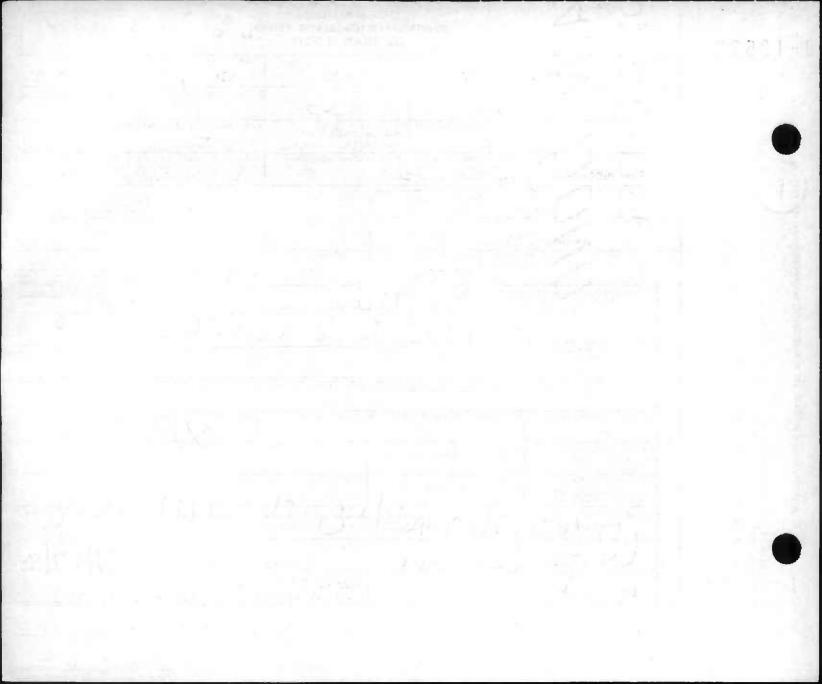
1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGI	IENES 5	1 8	5	2 0
	CEASED NAME	FIRST		MIDDLE	I	AST		20 DATE OF DEATH		YEAR	26 HOUR D
		NOL	A	MAY	P	LUMMER		July 17,	1986		12:20 M
3. SE	X		4 RACE		5. DATE C		WEAD.	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	female		whi	te	MOITI	109-12-19	10	75	YRS.	DATS	MIN.
	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY	(? 8 MARRIE WIDOWE	D NEVER MAR	RIED 🗌	9 BALTIMORE CITY OR Allega		FDEATH	MD
	TY OR TOWN OF DEA	nd	Memo:	rial Hos	pital	OR OTHER INSTITU	TION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TET. FOOD S	WORKING LIFE)	INDUSTRY	pital
USU, 13a. S	AL RESIDENCE (IF NUR STATE MD	113b COUN		GIVE RESIDENCE BEFO 136. CITY OR TO CUMBEI	WN .	13d. INSIDE CITY I	IMITS?	13e.STREET ADDRESS / 414 Seymo	zip code our St	reet/2	1502
14. FA	ATHER'S NAME	×	MIDDLE	LAST		15. MOTHER'S MA		ANIDIDUS		LAS'	7
			e Shell	,			Mal	bel Rigglema			
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADDRES			
	no		100	215-20-	6830	Mrs. No.	la Al	dridge, Cumb	perlan	d, MD	-daughter
	Canditions, if any gave rise to im- cause (a), static underlying cause	mediate ng the	DUE TO, O (b) DUE TO, O	R AS A CONSEQ	UENCE OF		a	Jus	<u> </u>		
TION								INAL DISEASE OR COND			
MEDICAL CERTIFICATION	19c. DATE OF OPERA				CH OPERATIO	N WAS PERFORME		YES TO TO	IN CERTIFYII YES		
2	210. ACCIDENT WAS UN	-	TH HOUR A.		DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJORY	IN ITEM 18 PART	1 OR PART 2)	
ICA	(IF EITHER, NOTIFY MEDI				19				1		
MEC			21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		HILE				10	7	711	1	M-	~
	22a. I certify that (I) saw the deceas bave, (I) (we) (\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\) opinion d	leoth occurred on the dat	e and haur o	nd from the	that (Twe) last causes stated
	22b. IGNATURE	be	1	- 1M	\wedge	PHY	NDING SICIAN			22c DATE	17 96
	Dr. Fis	1	H PRIO-I			Memorial Medical	Hosp Build	oital ling Cumber	land.	Md. 2	1502
	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION			
(Burial		07-19	-1986 9	Sunset	Memorial	Park	Cumberla	and A	llegan	v MD
24 FI	INFRAL DIRECTOR							PECID BY PEGISTRAPIS		D'S SIGNAT	LIDE

DHMH - 16 60M 7/84

(VRA 15, 4)

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James F. Scarpelli, Cumberland, MD 21502



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY TO FUNERAL DIRECTOR. After this certificate has been righted by the attending physics should be detached for use as the burial-transit permit. Then please remove a characteristic with the State Dept. of Health and Menalch Hygiene prior to burial, cramation or removal, MAPORTANT. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

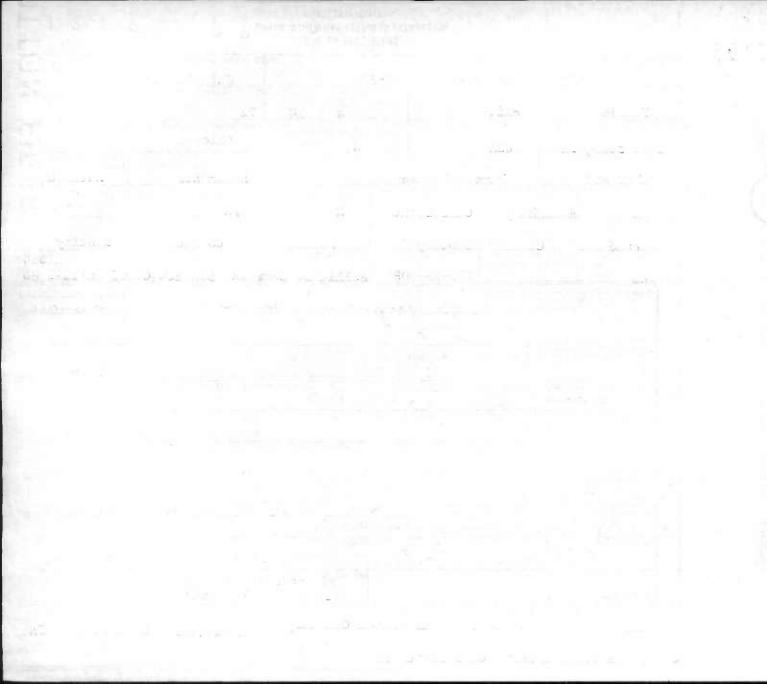
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DHMH - 16 60M 7/84

(VRA 15, 4)

Scarpelli Funeral Home, Cumberland, MD

1	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENES 6	1 3	5	2
I		CEASED NAME ETRST	MI	DDIE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 20
ı	,	ANNA	MARGA	RET	RES	SER	July 1	5, 1986		Ам
Ī	SEX	(4 RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
L		Female	White		MON	1 4 14	72	YRS		
1	C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY 9		FDEATH	MD.
1	0. CI	TY OR TOWN OF DEATH	11. NAME OF HO		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1		umberland	Memo	rial Hos	pita.		(TYPE OF WORK FOR MOST Homemake		Ret	ired
	13a. S	AL RESIDENCE (IF NURSING HOME OF	41Y	ive residence before: 13c. CITY OR TOWN Cumberla	4	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	213	502
1	4. FA	MD Alles	, ,		110	15. MOTHER'S MAIDEN NA	ME			
4			MIDDLE	Dant last		Nellie	Conra	d	Bent	
+	6a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	Bentley 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR		DCII	21.524
١	{ }	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	172-05-0	005	Nellie E. Eme	erick Box	2211 Can	niann	ville.MD
7	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Appara 190 DATE OF OPERATION	DUE TO, OR (c) CONDITIONS COP	5, 01	NCE OF	T NOT RELATED TO THE TERM D 7 ON WAS PERFORMED	100 AUTOPSY?	20b. IF YES, V	VERE FINDI	NGS USED
	TIFE						YES NO	YES (NO 🗆
1	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIEY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE AT WORK NOTIEY WHILE AT WORK 22a I certify that (1) his hosp saw the deceased alive or above. How	HOUR A.M P.M PLACE O (AT HOME, STREE	A. MONTH DA I. IF INJURY ET, FACTORY, OFFICE, FA deceased from	19	271 LOCATION STREET 19 80 and that in (my) our) apinian of DEGREE ATTENDING	to 7 — death occurred an the o	OWN 19 date and haur a	county and from the	SIGNED
1		22d PHYSICIAN'S NAME (14PE) Dr. A. Bolling		m 1	20 -	PHYSICIAN E	DIRECTOR PHYS	ICIAN 🗌	7-/	, 76
7		BURIAL, CREMATION, REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	(Burial	7-18-8	6 Gr	eenwo	ood Cemetery	Lancaste		caste	
- 1		UNERAL DIRECTOR APPELLI Funeral	Home C	ADDRESS	- MI	25a DAT	E REC'D. BY REGISTRAL	R 256 REGISTRA		URE



- Donation of Land

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1201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after etained by the haspital or attending physician.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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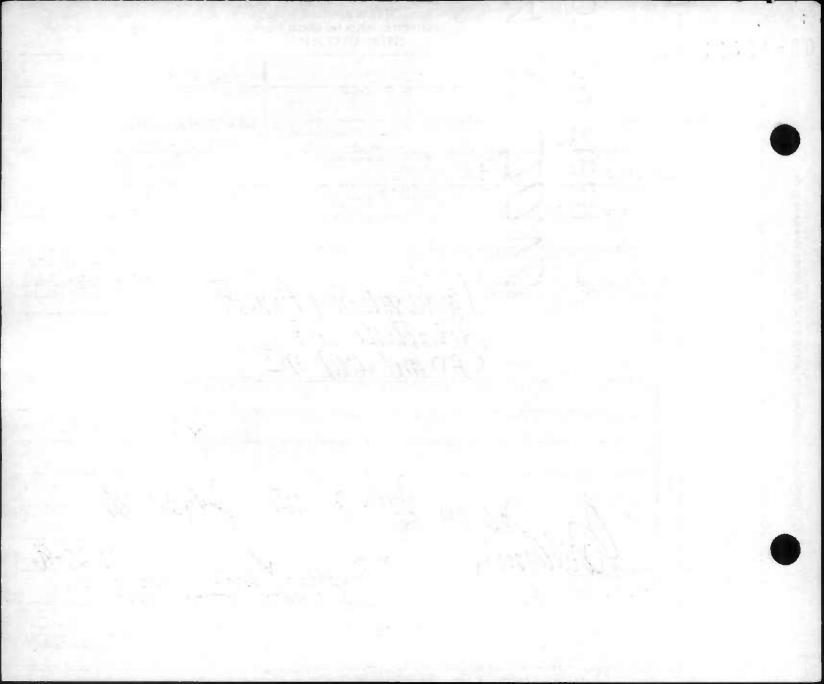
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STATE OF MARYLAND

FOR STAT REG			DEPART		CATE OF DEATH	REG. NO	1 8 5	2 3		
1 DECEASE		TATE	nifred R	UPPERT		ULY 24, 198	MONTH DAY YEA	26 HOUR 9:25A		
3 SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT				
100				MONTH	DAY YEAR	7.6	MONTHS DA	YS HOURS N		
	ACE I STATE OR FOREIGN	Whit	WHAT COUNTRY?		18, 1910	76 9 BALTIMORE CITY OF	YRS COUNTY OF DEATH			
COUNTR	Y)			MARRIED	☐ NEVER MARRIED ☐	PARTIMORE CITT OF	COOIALL OF DEVIL			
West	Virginia		. A.	WIDOWE			y County			
CUMBER		MEMORI	AL HOSPI	TAL	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Housewi	WORKING LIFE) INDUST	D OF BUSINESS RY		
JAL RES	IDENCE (IF NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)	136 INSIDE CITY LIMITS?					
Mary		egany	Cumber		YES NO [13e.STREET ADDRESS /		21502		
4 FATHER		garry	Camper	Lanu	IS MOTHER'S MAIDEN NA	1	ly Terr.	21502		
		WIDOLE	LASE		HHSI	## E-DIE		LAST		
		ibert	Farre		Anna	D.	Get	ty		
	ECEASED EVER IN U.S. AR ORUNKNOWN) (IFYES, GIV	MED FORCES? E WAR OR DATES)	16h SOCIAL SECL		17 INFORMANT	ADDRE	SS631 Linc	oln St		
1	No -		214-05-	5598	Kathleen S	tafford	Cumberla	ind. MI		
PART					NOT RELATED TO THE TERM	INAL DISEASE OR COND				
CERTIFICATION D	ate of operation	196 CONDITION FOR WHICH OPERAT			WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH			
	ACCIDENT WAS UNDERLYING DUTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	31¢ HOW BUJURY OCCUR	RED INTERNATION OF MALE	PART I OR PART	2)		
444	NJURY OCCURRED E NOT WHILE AT SORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE	Pill	III LOCATION	1.72	d.1 C	STAT		
22a.1	certify the this hospi	. 1111	delegated from	Ste !	d that in (my) (our) opinion	to July death octaved on the do	te and hour and from	, that (I) (we)		
	Mille of idid as	MM	ofter death.	DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN						
22 d. #	HYS CIAN I NAME (TYPE O	R PRINT)			22e MEMORIAL H					
DR	. T. WILLIAM	S						DING		
	, CREMATION, REMOVAL		122.	NAME OF CE	METERY OR CREMATORY	MARYTAND 1236 LOCATION	21502			
(SPECIFY	. CREMATION, KEMOVAL	130 UAIL	£3(, [AWAR OF CE	METERT OR CREMATORY					
1 STECH !)	- 1-51				CITY OR TOWN	COUNTY	STA1		
	Burial	7/28/			ricks	Cumberla	and Alleg	anv N		
	Burial				ricks Home, Inc.	Cumber 1 a	and Alleg	any N		



	mode death.	100 mm person	Aprilled or April
E, MARYLAND 21	cuted within 24 m	s Ood 2 hours	col examine munt
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Parts after creating retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completer till dement the treat should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages Dod 2 thould be filled with the Store Dopt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if Hem 21 is marked at Hem 18 shaws any injury, or ather traumatic event, the medical examinar must remained at week
DS, 201 W. PREST	quires that the dea	signed by the offer then please remove to buriol, cremation	jury, or other troum
N OF VITAL RECOR	SICIAN: The low red	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriot-transit permit. Then please remave corbanapope with the Store Dept. of Health and Mental Hygiene prior to buriot, cremation, or remaval.	Hem 18 shows ony in
DIVISION	ATTENDING PHYS	CTOR: After this d for use os the bu	m 21 is morked or
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO FUNERAL DIRI should be detache with the State Dep	IMPORTANT: If the

L I O 4		CEASED NAME FIRST	ourg, Md. 2153		LAST	REG. NO.	ONTH DAY YEAR 26 HO	OUR
and and	-	April	Anne		celli	July		:157
135	3. 5E)		4. RACE	S. DATE (6 AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER I YEAR IF UND	DER 24 HRS
1	the same of the last	EMALE RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTPY? 8	/3/43	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	(IARYLAND	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	Allegany C		A
150	10. CI	Y OR TOWN OF DEATH MBERLAND	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Sacred Hear)	URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V TEACHER	N 126 KIND OF BUSI	INESS C
2 37 1		L RESIDENCE 1 IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2		
17	MA	RYLAND ALI	LEGANY SWAN	TON	YES NO X	RT. 1.	21561	
0/0	14. FA	THER'S NAME EARL	RICHAR RICHAR	DSON	15. MOTHER'S MAIDEN NA EDNA	WIDDLE	GEARY	
Poges medical			IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	51201	
the m	_		N.A. 21742		FRANCIS SC.	ARCELLI, RI	F 1, SWANTON APPROXIMATE IN BETWEEN ONSET A	TERVAL
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t. Then please or or to buriol, cre	TION	underlying couse lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT				
ws on	RTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION	CONDITIONS CONTRIBUTION 19b. CONDITION FOR W	G TO DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?,	20b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \(\text{NO}\)	ATH?
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00-13700	_	REGISTRAR CUMBERLA		002	ICATE OF DEATH	REG. NO.	
3 71		CEASED NAME FIRST ERNES	ST LARK		OLTZER	JULY 19, 1986	7:55 P.
Acquired to the same of	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS.
4 65	1	male	white	MONTH	15-15-1899	87 YRS. MO	NTHS DAYS HOURS MIN.
0 1 153		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O ALLEGANY COUNTY	FDEATH
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ORE, ORE	16a \	WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)		17. INFORMANT	ADDRESS	
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N. PRESTON ST., BA if the death certificate or the attending physic enemotics, or removal ther traumatic event, it		18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate couse (b), stofting the underlying cause lost.	ED BY: ITE CAUSE (a) DUE TO, OR AS A (b)	CONSEQUENCE OF	m Jaile	er et Bulgahn	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A RECOM	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIONS	OR WHICH OPERATIO		20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH? NO
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TION OF THE PARTY		saw the deceosed alive ar	ot View the body/after d	9 19 8 or	nd that in (my) (our) apinion	death accurred on the date and have o	and from the causes stated
the hose A Dept.		776 SIGNATURE	- 11 1	21	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
PHEAD STORY	-	22d. PHYSICIAN'S NAME THE	OR FRINT		PHYSICIAN 276 ADDRESS	DIRECTOR PHYSICIAN	
HOS Provided to		SHIN, KIM, M.	.D.		90 MAIN STRE	EET, WESTERNPORT, I	MD 21562
CORPORT	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
499BB199		Burial Burial	07-22-198	36 Asbury	Cemetery	Baker	COUNTY STATE
DHMH - 16 60M 7/84	24 F	NAME NAME		ADDRESS	25a DA	TE REC'D. BY REGISTRAR 25b. REGISTRA	40.7
(VRA 15, 4)		James F. Scarp	pelli, Cumbe	erland, MD	21502	23 1986 A. Juni	dien findalla

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PRESTABLES.

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(VRA 15, 4)

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		OR PRINT)	FIRST	1 /	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
de de		LI	LLIAN	1	JUNE	SHO	BE	July 2, 1986		9:25A. _N
2 5 6 3). SEX	5	1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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62 3		OUNTRY)	REIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
		W. VE			SA	WIDOWE	DIVORCED	Allegany		M
2/1). CI	TY OR TOWN OF DEAT	н 1	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR
	1	berland	1		ch facility, give street al Hospit			Clerk .		ry Store
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11		Battle		NDDLE	Slaughter		FIRST	MIDDLE	Stanle	y
medical		AS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		Mrs. Carole H	ADDRESS King 635 Carsk	Keyser, adon Lan	
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Potomac Memorial Gardens Keyser Mineral w 7/4/86 Director W. W. Va. 1986

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be exteriored by the haspital or attending physician.

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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Minnie B Sites 7/18/86 2:31	Minnie B Sites 7/18/86 3. SEX		- ST	1-	FOR DEPAR STATE REGISTRAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENÉ Ó REG NO	8 5 2 /
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Female White 10 10 93 92 98 SARRHEACE (IMPORTSHOW) BARRIED NEVER MARRIED SARRHEACE CITY OR COUNTY OF DEATH MARY JANA IS BRHHACKE (IMPORTSHOW) USA USA IUSA IUSA	Female White	Minnie	30		Minnie B	Sites	7/18/86	2:30
TEMBLE WINTER SERTHALE (SAFE DEFORM) 12 CHIZEN DE WHAT COUNTRY? 14 MARRED 15 WEYR MARRED 15 WEYR MARRED 16 CHIZEN DE WHAT COUNTRY? 16 MARRED 17 MARRED 17 MARRED 18 ALTIMORE CHIZEN DE WOODWED IZ 18 ALTIMORE CHIZEN DE COUNTY OF DEATH 18 ANAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17 MARRED 18 KIND OF BUSINES 18 MARRED 18	Temale White 10 10 93' YES SERTIFICATE COUNTRY IN BRITCHICAL (STATE OF THE ON MARKED NEVER MARRIED NEVER MARRIED SERVING COUNTRY OF DEATH		SEX	3. SEX			6. AGE (IN YEARS LAST BIRTHDAY)	
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10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. IN SUBJECT OF BUSINESS 12. IN SUBJECT AND SU	10. CHYOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CHYOR TOWN OF A CORNESSION OF WORKERS ON OF WORKERS OR AND OF WORK					WIDOWED X DIVORCED	Allegany Co	
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Many Sand Allegany Eckhart Ves No Box 63, 21528 It ATHER'S NAME MADDIE	MARY and Allegany Eckhart YES NO Box 63, 21528 If FATHER'S NAME IS MOTHER'S MADDEN NAME ISSUED	(IF NURSING HOME OR OTH	SUAL RI	130 S	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
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Thomas Barry Elizabeth Smith Ide WAS DECEASED EVER IN U.S. ARMED FORCES? IDEA SOCIAL SECURITY NO. 10	Thomas Barry Elizabeth Smith ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 212 74 3775 Mrs. Alice Hawkins, Same as 3 18 CAUSE OF DEATH lienter only one cause per line for ici, (b), and ici PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate (ause io), storing the Underlying couse last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO ARTERIOS SECTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (I) ETHER NOTIFY MEDICAL EXAMINES; P.M. 199 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 217. PLACE OF INJURY 218. INJURY OCCURRED 218. PLACE OF INJURY 219. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. SIGNATURE 216. PLACE OF INJURY 217. PLACE OF INJURY 218. INJURY OCCURRED 218. INJURY OCCURRED 219. SIGNATURE 210. Ond that in (my) (our) opinion death accourted on the date and hour and from the country of the province of parts 218. SIGNATURE 219. SIGNATURE 210. Ond that in (my) (our) opinion death accourted on the date and hour and from the country of the present of		FATHE	14 FA	IER'S NAME		AE	
NO 18 CAUSE OF DEATH LENTER ONLY ON THE PART OF PART 10 ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	NO 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSE BY I. DEATH WAS I.			1		Elizabeth		4
State of Death Enter only one cause per line for (a), (b), and (c)	NO 212 74 3775 Mrs. Alice Hawkins, Same as 13 APPROXIMATE ALLERA	DEVER IN U.S. ARMEI	WAS		S DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE			VAL
18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART DEATH WAS CAUSED BY. He PATO Remail Filter Method of the path o	The contribution of the course per line for rat, (b), and rate part 1. Death was caused by:	JWINI (IF TES, GIVE W)		1		3775 Mms 47:06	Hawking, San	no og 720
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK AT WO	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOW, (I) (we) (did) (did nat) view the body ofter death. 22d. 1 certify that (I) (this haspital) attended the deceased from Saw the deceased glive on Saw the Grant glive gl	ta immediate stating the cause last ER SIGNIFICANT CON ER SIGNIFICANT CON OPERATION	go ca ur PAI	ERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the inderlying cause last ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO A REPORT OF CONDITION FOR WHICH ADDITION FOR WHICH ADDITI	DUENCE OF POSSIBLE MIDDLENCE OF POSSIBLE MIDDLENCE OF POSSIBLE MIDDLENCE OF THE TERMINATE O	A LIGIUANCY INAL DISEASE OR CONDITION GRA LATERAL PLECE 200 AUTOPSY? YES NOW IN CERTY	S, WERE FINDINGS USED FYING CAUSES OF DEATHS
278.1 certify that (1) (this haspital) attended the deceased from July 16 1986 to July 1869, that (1) (we saw the deceased olive on abave, (1) (we) (did) (did not) view the body offer death. 278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1278. DEGISTER MODE 278. PHYSICIAN'S NAME (TYPE ORPRINT) 278. ADDRESS S.T. Chang M.D. Prostburg Plaza, Frostburg, Md. 238. BURIAL, CREMATION, REMOVAL 238. DATE 238. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL JUly 21 86 Eckhart Cemetery Eckhart, Allegany, Md. 248. FUNERAL DIRECTOR	220.1 certify that (I) (this haspital) attended the deceased fram Saw the deceased clive on abave, (I) (we) (did) (did nat) view the body ofter death. 270.5 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIA	NG CAUSE OF DEATH	0.0	/	R CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)
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276. J certify that (1) (this haspital) attended the deceased fram 10	22a.1 certify that (1) (this haspital) attended the deceased fram Tuly 1a. 1986. to Tuly 8. 1986, that saw the deceased alive on July 1719 80. ond that in (my) (our) opinion death accurred on the date and hour and fram the cause observe. (1) (we) (did) (did nat) view the body offer death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN PHYSICIAN 22c. DATE SIG 22c. DATE SIG 22c. DATE SIG PHYSICIAN P		W	₩.			CITY OR TOWN	COUNTY STAT
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN Burial July 21:86 Eckhart Cemetery Eckhart, Allegany, Md. 24 FUNERAL DIRECTOR		deceosed alive on () (we) (did) (did nat) vi	22a.		say the deceased olive on TULY 17 19 above, (I) (we) (did) (did not) view the body ofter death. b. SIGNATURE D. PHYSICIAN'S NAME (TYPE OR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
Burial July 21:86 Eckhart Cemetery Eckhart, Allegany, Md.			BURIA	73n RI				ourg, Ma
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Frai director, page 3 72 hours after death

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N				
1. DECEASED NAME [TYPE OR PRINT]	Este	17.	B.	Ch:	dmoo	20. DATE OF DEATH		AY YEAR	26 HOUR	284
	ESTE		D.		dmore		7 8		7:25	MM
Female		4 RACE Whit		S. DATE C	DAY YEAR	6. AGE IN YEARS LAST BE		ONTHS DAYS	IF UNDER 24 I	HRS
	LINNER.			8	03 07	78	YRS.			
7a BIRTHPLACE (ST.			WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
Maryl			States	WIDOWE		Allegan				MD.
10 CITY OR TOWN C		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE	INDUSTRY	OF BUSINESS	
Frostbur			ourg Commu		Hospital	Seams	ress	Paja	uma Co	
USUAL RESIDENCE (13b COU	NTY	13c CITY OR TOW	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS				
MD	A1	legany	Frostbu	rg	YES X NO	14 N. Mt. \	ernon	215	32	
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	ST.	
Rees	0	В	evan		Sarah			ris		
160 WAS DECEASED		RMED FORCES?	A HASTING TO SEE		17 INFORMANT	ADDR	ESS 57	Mt. I	Please	int
No			219-03-	9141	Mary Henag	ghan, Fros	tburg	, Md.		
PART 1. DEA	TH WAS CAUS	TE CAUSE (o)	Chadee OR AS A CONSEQUE	P()	anast	111	2.1.	9		
	immediate stating the couse lost.	Eslive	Constan	LATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES IN NO 15	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED	
21a ACCIDENT W	AS UNDERLYING	21b. TIME (OF INJURY		21¢ HOW INJURY OCCUR				NO []	_
OR CONTRIBUTIN	CAUSE OF DE	HOUR A	A.M. MONTH DA							
21d. INJURY OF	CURRED	21e PLACE	P.M. E OF INJURY TREET, FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT	E
Z2x I certify it	of (I) (this hosp revosed alive p	I	the deceased from 19	100	nd that in (my) (our) apinion	death occored on the	ate and hour	9_86, and from the	that (I) (we)	lost
27% SIGNATA		and	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	SIGNED	
22d PHYSICIAN	S NAME (TYPE	OR PRINT!)	22e. ADDRESS					
Sh	n E. K	im, M.D.	/		Main St.	Westernport	, MD	21562	-1-6	
230 BURIAL, CREMA		L 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		. Distry		
Bur	ial	July	11'86 Fr	ostb	urg Mem. Pa	ark Frostl	ourg,	Maryl	and	
24 FUNERAL DIRECT	OR				250 DAT	E REC'D BY REGISTRAF	25h REGISTE	AR'S GIGNA	TURE	

Durat Funeral Home, Frostburg, Md.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYI

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the sentilicate has been signed by the attending physician and con-though defeated the use as the build from Forms. Then please remove corbon papers. Pages 1.

ATTENDING PHYSICIAN The law

TO HOSPITAL

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FOR - STATE REGISTRAR

CERTIFICATION

CTATE OF MADVIAND

	IMIL OI MI		
DEPARTMENT (OF HEALTH	AND MENTAL	HYGIENE
CER	TIFICATE	OF DEATH	· ·

DEPARTM	TENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	IGIENES 6	0	es.	line	1
	CERTIFICATE OF DEATH	REG. NO.	- 4			- 1
	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2 b	HOUR .
TRUDE	SNYDER	July 21, 198	36			Р.
		1.00	1			

DECEASED NAME	FIRST		WIDDIE	LA	AST		7	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	6:
	CARC	LINE	GERTRUDE	SNY	DER			July 21	. 1986			Р	
-SEX		4 RACE		5. DATE O			6	AGE (IN YEARS LAST	BIRTHDAY		RIYEAR	IF UNDER	
FEMALE		WHI	TE	SEPT		1897		88	YRS.	MONTHS	DATS	HOURS	Wil
BIRTHPLACE (STATE OF	FOREIGN		F WHAT COUNTRY?	8. MARRIED		ER MARRIED	□ °	BALTIMORE CITY			ATH		
MARYLAND		USA		WIDOWE	D 🔯	DIVORCED [A	llegar	v			- 1
0. CITY OR TOWN OF DE	ATH		F HOSPITAL, NURSINGUCH FACILITY, GIVE STREET		ROTHER	INSTITUTION		12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12b	KIND OI USTRY	F BUSINE	SSC
Cumber1a	and	M	emorial Ho	spita.	1		R	ROSENBAUM	DEPT S	STORE	7- S	ALES	
JOUAL RESIDENCE (# NUR 30. STATE MARYLAND	13b. COUI	OTHER INSTITUTE		admission)		DE CITY LIMITS?		9 DECATUR	S / ZIP COD)E	21	52	1
4 FATHER'S NAME		MIDDLE	LAST			TER'S MAIDEN I					LAST		
ROBERT			SOWERS		I	ELIZABET	TH		H	OFF	1AN		

(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-22-3218 EL	IZABETH EYLER	1719 BEDFORD	ST CUMBERLAND
PART I. DEATH W	H (Enter only one couse per 'AS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any gave rise to improve (a), statin	DUE TO, O	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF	ytosis.		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20	a AUTO		20b. IF YES, WERE IN CERTIFYING C	
		YE	ES 🗌	NO	YES 🗌	NO 🗌
21s. ACCIDENT WAS UNDERLYING.	216 TIME OF INJURY 216 HOW INJURY OC	CURRED (CAUTERAL	TUBE OF BUILD	V IN ITEM 19 BART I OR E	ART 2)

YEAR OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET AT HOME, STREET FACTORY, OFFICE, FARM ETC)

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 140

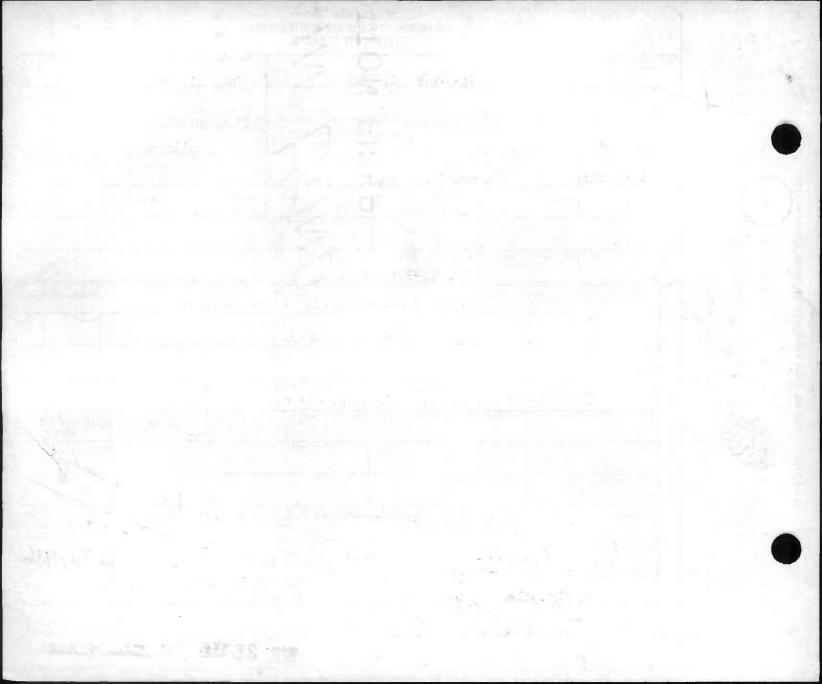
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Memorial Hospital Med. Bldg.,

Dr. Shrestha Cumberland, MD 21502 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

CUMBERLAND BURIAI

SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARY

DHMH - 16 60M 7/84 (VRA 15, 4)



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		female		white		MONTE	02-08-1911 YEAR	75 YRS	AONIHS DAYS HOURS
35	7a. BI	RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8	D NEVER MARRIED	P BALTIMORE CITY OR COUNTY ALLEGANY COL	
		TY OR TOWN OF DE	ATH 1		RED HEART	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSIN INDUSTRY
35	13a. S	AL RESIDENCE (IF NUR STATE MD	136 COUNT	ther institution Y egany	134 CITY OR TOW Cumber	/N	134 INSIDE CITY LIMITS? YES 💢 NO 🗌	13e STREET ADDRESS / ZIP CODE 429 N. Centre	Street/21
11				Yarnall	LAST			elen Connell	LAST
		VAS DECEASED EVER YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	21405837		Mr. Maurice	M. Stegmaier, Cur	mberland,
O mile		Canditions, if any		DUE TO, O	R AS A PONSEQU	MCBG.	Louner	- Vhecese	
y injury, or other traumor	HON	gave rise to im cause (a), static underlying cause PART 2 OTHER SIG	mediate ng the last	DUE TO, O	R AS A CONSEQUE	ENCE OF		ninal disease or condition give	
havs any injury, as other training	IFICAT	gave rise to im cause (a), static underlying cause PART 2 OTHER SIG	mediate ng the last NIFICANT CO	DUE TO, O	R AS A CONSEQUE	ENCE OF	n was performed	VINAL DISEASE OR CONDITION GIVE 20a AUTOPSY? YES NO YES	, WERE FINDINGS US YING CAUSES OF DEA SNO
Hem 18 shaws any injury, as after trauma	AL CERTIFICAT	gave rise to im cause (a), statiunderlying cause PART 2 OTHER SIG	mediate ng the last NIFICANT CC TION DERLYING CAUSE OF DEATI CALEXAMINERI	DUE TO, O DUE TO, O FILE 196 COND 216 TIME O HOUR A. P.	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ence of death but operatio	N WAS PERFORMED	NINAL DISEASE OR CONDITION GIVE 20a AUTOPSY? 20b IF YES IN CERTIFY	, WERE FINDINGS US YING CAUSES OF DEA SNO
narked or them 18 shaws any injury, as asther trauma	IFICAT	gave rise to im cause (a), statiunderlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d IN JURY OCCUR	mediate ng the the last last NIFICANT CC TION DERLYING CAUSE OF DEATH CALED MILE DRX	DUE TO, O DUE TO	R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE. F	DEATH BUT OPERATIO AY YEAR 19	n was performed	VINAL DISEASE OR CONDITION GIVE 20a AUTOPSY? YES NO YES	, WERE FINDINGS US YING CAUSES OF DEA S NO ART LORPART 7)
I. If Nem 21 is marked or Nem 18 shows any injury, or ather trauma	AL CERTIFICAT	gave rise to im cause (a), statiunderlying cause (b), statiunderlying cause (b), and a cause (c), and a caus	mediate ng the the last last NIFICANT CC TION DERLYING CAUSE OF DEATH CALEXAMINER! RED MILE CHIEF CHIEF (this haspined alive an eduline a	DUE TO, O DUE TO	R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE. F	OPERATIO AY YEAR 19 FARM ETC.)	216 HOW INJURY OCCURI	200 AUTOPSY? 200 AUTOPSY? YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PACE) CITY OF TOWN death accult of an item 10 e and haur	OUNTY
PORTANI. If New 21 is marked as them 18 shows any injury, as other trauma	AL CERTIFICAT	gave rise to im cause (a), statiunderlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (FETMER NOTIFY MED 21d INJURY OCCUR 22a, NOT WAT WE 23a, certify that (I saw the decease above, (I) (ive) (mediate ng the the the last NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER RED RED ORK (this hasp) ed alive an did) (did pat)	DUE TO, O ONDITIONS CO 196 COND 196 COND 216 TIME CO HOUR A. P. 21e PLACE (AI HOME STI	R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET FACTORY OFFICE F	OPERATIO AY YEAR 19 FARM ETC.)	21c HOW INJURY OCCURI 211 LOCATION STREET 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 AUTOPSY? YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PACE) CITY OF TOWN death accult of an item 10 e and haur	COUNTY The part of the part o

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STATE OF MARYLAND FORSCARPELLI FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 EP2 321 REGISTRAR 108 VA. AVE. CUMBERLAND, MERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) **GEORGE** KEPHART **STEINER** JULY 6,1986 6:24P AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH MONTO 6-01-1899 6AR white male TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA ALLEGANY COUNTY WIDOWED CITY, OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR SACRED HEART HOSPITAL INDUSTRY Chairman of Board Cumberland Cement&Supply USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30. STATE Allegany 13e STREET ADDRESS / ZIP CODE 313 Schley Street/21502 13c. CITY OR TOWN Cumberland YES K 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Steiner Carrie Kephart 160 WAS DECEASED EVER IN U.S. ARMED FORCESS 16h SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) 214055925 Mrs. Catherine M. Steiner, Cumberland, MD ves 18 CAUSE OF DEATH (Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Canditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED AT HOME, STREET, FACTORY OFFICE FARM ETC) WHILE NOT WHILE 22a | certify that (1) (this haspital) attended the deceased fram saw the deceased alive on above, (lighter) (did) (did not view the body after deat) , and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated 226. SIGNATE DEGREE 221 DATE SIGNE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN GEORGE BREZA, M.D. 912 SETON DRIVE CUMBERLAND, MD. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL [SPECIFY] SS Peter Paul Cemetery Cumberland Allegany Burial 07 - 09 - 1986256 DATE RECO BY RESISTENCE RECOMMENS TO MANIE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) James F. Scarpelli, Cumberland. MD 21502

The man same and the

Albert Take 1

and arretto, page 3 n. 72 hours after death	1. SEX	OR PRINT)	SF	MIDDLE	L	AST	20. DATE OF DEATH	ONTH DAY YEAR	2b HOUR
25	3. SEX	HOME	R GIE	EGER	SUD	ER	JULY 22, 19	186	12:48
15	12		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH		
3	1	Male	Cauca	slan	057	25/1896 YEAR	90	YRS	HOURS MIN.
	(RTHPLACE (STATE OR FOREIC	USA	F WHAT COUNTRY?	MARRIE[☐ ALLEGANY COUNTY		
1	94.C	Cumberland	11. NAME OF (IF NOT IN SU SACRED	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET HEART HO	OSPITA	R OTHER INSTITUTION	Floor sand		Contrac
5	13a S	AL RESIDENCE (IF NURSING H	ome or other institution COUNTY Legany	GIVE RESIDENCE BEFOR	nville	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	P 0 Box 78	ZIP CODE / 21524	
0	14 FA	THER'S NAME William	Henry	Suder		15. MOTHER'S MAIDEN NA/ Matilda	AE MIDDLE	Geiger'	ıst
	160 V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214 07		17 INFORMANT Edith Suder,	P O Box 78,		lle, MD
18 CAUSE OF DEA PART I. DEATH		18 CAUSE OF DEATH : En		er line for tor, (br. of	201 Pm	bustony a	uest	APPRO BETWEEN	XMATÉ INTERVAL I ONSET AND DEATH
mending p we corbon lov, or rest		IMM	EDIATE CAUSE (a)_		1	-			
		Conditions, if any, whi	ch (III)	OR AS A COPPEGU	Life	red able.	mul can	wyson	
Offiser to		gave rise to immedia couse (a), stating to underlying cause la	he DUE TO .	OR AS A CONSTOU	ENCE OF				
_	NO	PART 2 OTHER SUSPIFIC	ANT CONDITION	OF UP IBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	in al disease or cond	ITION GIVEN IN PART 1	10
Z	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	H OPERATIO	WAS PERFORMED	20a AUTOPSY? YES NO	201/ IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
G	MEDICAL CER	210. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
T 1	ä	21d. INJURY OCCURRED WHILE NOT WHILE TWORK	(AT HOME S	E OF INJURY STREET FACTORY OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	
	M	AI WORK							STATE
/	W	22a.1 certify that (1) (this		the deceased from.		, 19	, to		that (I) (we) lo
/	ME	220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (ive on	19_	, on	d that in (my) (our) opinian o		e and hour and from th	that (I) (we) lo
/	MA	220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (22b. SIGNATURE	ive on did post view the bod	19_	, on	d that in (my) (our) opinian of DEGREE		e and hour and from the	that (I) (we) lo
/	MA	22a. I certify that (I) (this saw the deceased al above, (I) (we) (did) (22b. SIGNATURE	ive on did por view the bod	19_	, on	d that in (my) (our) opinian of DEGREE	death occurred on the dat	e and hour and from the	that (I) (we) lo
/		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (22b. SIGNATURE	on the post view the bod	ly offer deoth. 19	, on	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 2226 ADDRESS	death occurred on the dat	e and hour and from the	that (I) (we) loe couses stated

STATE OF MARYLAND

ZEIGLER FUNERAL HOME

TRUBEL LEVALL ARRESTME

BE WELL THE THE PROPERTY

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#12550		BURDOCK FOR STATEPO BOX REGISTRAR KITZ	523	R, MD 1	5537	CERTII	HEALTH FICATI	ARYLAND AND MENTAL HYG E OF DEATH	0	6	1 8	3 3	3 0
m #		OR PRINT)	FIRST		MIDDLE		LAST		2e DATE O		ONTH DA	YEAR	2h HOUR
oge deot			JOSEF		ANIEL	TICH				13,19			9:25A
4 mc or. p	3 SE			4 RACE		3 DATE	OF BIRTI			EARS LAST BIRTH	DAY) MÔ	UNDER I YEAR	HOURS MIN.
and the second s	1	Male			ite		1.	9 1909	77		YRS		
1 15	(RTHPLACE (STATE OR FO		76 CITIZEN OF V	.A.	MARRIE	ED 🗌	DIVORCED	ALI	RECITY OR LEGANY	COUNT	Υ	N
201	Cu	mberland	1	SACRED	HEART	EET ADDRESS)		er institution	Min		WORKING LIFE)	Coa	DF BUSINESS O
212 AND 215	130 5	AL RESIDENCE (IF MURSIN TATE Md.	COUN	other institution. ITY rrett	Swant		13d IN YES	ISIDE CITY LIMITS?	13e STREET	ADDRESS / B	zip code x. 25	6	21561
MARYL MARYL	14 FA	George	Wasi	hingto	n Tich	inel		izzie	WE	MIDDLE		rman	л
medical	N	VAS DECEASED EVER H	U.S. AR/	MED FORCES? E WAR OR DATES)	166 SOCIAL SE 236483	CURITY NO	17. INI M .	Tichine	L Rt.	1 Bx	. 256	Swant	21561 8
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate by physician. When this certificate has been signed by the attending physician and representations to permit. Then please remove carbon paper. The mind had mental Hygiene prior to burial, cremation, or removal acked or them 18 shows any injury, or other traumatic event, the predict comparison on the control or the control of the control	NOI	Conditions, if any, gave rise to immocause (a), stating underlying cause	the last	DUE TO, OI (b) DUE TO, OF	00	DUENCE OF DEATH BUT	D, NOT R	Hele Lives	2 8 FCU INAL DISEAS	EDR CONDI	P TION GIVEN	IN PART II	0
VITAL RECO	CERTIFICATION	190 DATE OF OPERAT	ON	19b CONDI	TION FOR WHI	CH OPERATIO	N WAS	PERFORMED	20a AUTO	NO .	20b IF YES, \ IN CERTIFY!! YES	NG CAUSES	NGS USED OF DEATH? NO
SICIAN TI ng physicin certhicote mol-tronsi entol Hygi	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	P./	M. MONTH M.	DAY YEAR		OW INJURY OCCUR	RED (ENTERNA	ature of injury	IN ITEM IS PAR	OR PART 21	
DIVISION NG PHY offer this os the bu frond M orked or	MED	21d INJURY OCCURRE	E 🗍		EET_FACTORY, OFFIC	0	211 1	OCATION STREET	/ -	CITY OR TOW	N	COUNTY	STATE
(TTEND) pital apprial appria		220. Lecrtify that (I) (saw the deceased abave, (I) (we) (di	alive an		1 2 19			in (my) (aur) apinian (death adulte	HINE date	e and haur o		
TO HOSPITAL OR A restoined by the hos TO FUNERAL DIREC should be detached with the Stote Dept.		SHIN KIM,	M.D.	2 4	M	3		ATTENDING PHYSICIAN ADDRESS MAIN STRE	, omecion	PHYSICIA STERNP		22c DATE	
De Oraș 🔻	230 E	URIAL, CREMATION, R SPECIFY) Buria		236 DATE 6/16		Mt. Z		RY OR CREMATORY	Mt.	Zion	Gar	rett	Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	A. Burdo	ck B	x. 523	Kitzm	iller	153 Må	8 JUL O	8 1986	REGISTRAR 2		R'S SIGNAT	URE

PARADOR PLEDIC HOPE

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¥ 0 07/84 **DHMH - 17** (VR A15 ME (5)) (TYPE OR PRINT)

Burial

230 BURIAL, CREMATION, REMOVAL 236. DATE

7-24-86

202 Greene Street-Cumberland, Maryland 21502

- STATE

Sunset Memorial Park 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

236. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> Cumberland-Allegany-Maryland 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

23d LOCATION

20 1986

Myers

Maryland

20 AUTOPSY?

COUNTY

Allegany

YES X NO 1

7/21/86

STATE

MD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

20 1986 24 HOUR 4:05

M CA



0.0-	1923	FOR 1 - STATE REGISTRAR		DEPARTN	ENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENES 6	8 5	5 3		
2	F 40	1 DECEASED NAME Edwa		gene	Trul	у	July 5, 1986	DAY YEAR	12:42		
tow y	1	1.SEX Male	4 RACE White		S DATE OF BI	25,1937	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
9 t		THE HPLACE (STATE OR FOREI	ON 76 CITIZEN OF	WHAT COUNTRY?	MARRIED X	NEVER MARRIED	9 BALTIMORE CITY OR COUNT Allegany	TY OF DEATH	MD.		
9 44	Midland Midland		R tiflig Bo	Rting Boxacing Lyster postburg, Md.							
24 hour	filled in	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		INSIDE CITY LIMITS?	ise STREET ADDRESS / ZIP CO	Rt 1, E d. 215	30x 524		
MARTI	1010	14 FATHER'S NAME FIRST	J.	Trul		MOTHER'S MAIDEN NA	ME	ller LAST	ı		
1	Poper Co	160 WAS DECEASED EVER IN (J.S. ARMED FORCES? Nes GIVE WAR OR DATES)	214-36		Nosie Tru	ly Rt 1, Box	Fros 524,	Md.		
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DEGREE

22e. ADDRESS

ATTENDING

Seton)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Inive

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR.

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774. PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL BUTIAL

Funeral Home, Lonaconing, Md.

PEZA

7-8-86

Frostourg Allegany 23c. NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

22c. DATE SIGNED

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in buthe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed witho 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6		3 5	3 0
	CEASED NAME	FIRST		MIDDLE	ŧ	AST	20. DATE OF DEATH	MONTH 8	DAY YEAR	26 HOUR
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Burial Dul.22,1986 Davis

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Burial Dul.22,1986 Davis

William G. Kight Cumberland, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 23 1986 gruha Devideon-Mandagos

Berkeley Umstot Bessie Lee Samuel

Christine Jinn Cumberland, MD

Burial Jul. 22, 1986 Davis Cemetery Cumberland Allegany MD

Milliam G. Might Cumberland, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN TYPE OR PRINT! Villa Charles W. HOURS STREET, DEATH MATED FILES 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. DATE LAST BIRTHDAY OUR July17,1925 Male White 60 DEAD 1086 20"BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Allegany DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ire Co. Builder Frostburg Community Hospital Frostburg 3a STATE 13d. INSIDE CITY LIMITS? Eckhart Maryland Allegany 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Komatz Julia John Villa 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT XAMINER ALONG WITH FOR AL-TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION IN, OR REMOVAL. (YES, NO. OR UNKNOWN) Villa, Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTED WITHIN 2 PROJECT THE CERTIFICATE. WRITING THE WORD." PENDING". IN PENCIL IN 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL TO FUNERAL ID INECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYC BAITMORE, MARYLAND, 21201 PRIOR TO BURAL. CREMATION, OR REMO Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NO A 716 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described obave, held an Inspection death resulted fram: Notural causes Accident Suicide Homicide Undetermined monner ACTUAL SIGNATURE ADDRESS 900 Seton Drve, Cumberland, Md. EXAMINER'S NAME Francisco Reyes, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION (SPECIFY) Burial July14.1986 Sunset Memorial 21 Pk Cumberland, Allegany, Md. 07/84 BP_ 24 FUNERAL DIRECTOR DHMH - 17 Durst Funeral Home, Frostburg, Md. (VR A15 ME (5))

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76 CITIZEN OF WHAT COUNTRY?

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WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16h SOC		17 INFORMANT	ADDRE	SS	and, MD-wif	
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19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. IN JURY OCCURRED	HOUR A.M. MO	NTH DAY YEAR 19 RY	211. HOW INJURY OCCURI				
	CUMBERLAND JAL RESIDENCE (IF NURSING HOME OR OR TATE 136 COUN MD AL ATHER'S NAME FIRST MM STATE 136 COUN IN THE YEAR OF THE YEAR OR	CUMBERLAND (#NOT IN SUCH FACILITY, MEMOTIAL) JAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE TO THE INSTITUTION OF CONTRIBUTION OR CO	CUMBERLAND (F-NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) MEMOTIAL HOSPITAL JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE MD ALLEG CUMBERLAND ATHER'S NAME FIRST MIDGLE LAST JOHN STATEN WHISPIPE WAS DECEASED EVER IN U.S. ARMED FORCES? IVES, NO OR UNKNOWN) IF YES, GIVE WAS OR DATES) PART I. DEATH IEnter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNDETTO, OR AS A CONSEQUENCE OF UN	CUMBERLAND WENDTIAL HOSPITAL JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE MD ALLEG CUMBERLAND ALLEG CUMBERLAND ALLEG CUMBERLAND ALLEG CUMBERLAND AND ALLEG CUMBERLAND ALLEG CUMBERLAND AND ALLEG CUMBERLAND IS MOTHER'S MAIDEN NA FIRST COT WAS DECEASED EVER IN U.S. ARMED FORCES? IN U.S. ARMED FORCES? IN YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) AND ALLEG CONTRIBUTION AND ALLEG IN MOTHER'S MAIDEN NA FIRST COT WAS DECEASED EVER IN U.S. ARMED FORCES? IN B. SOCIAL SECURITY NO 220-16-6927 MTS. JUANITA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to immediate couse io), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN DATE OF OPERATION IN DECEMBER AND IN DECEMBER AND IN DECITY LIMITS? NO DECEMBER AND IN INSIDE CITY LIMITS? IN INSIDE CITY LIMITS? NO DECEMBER AND IN INSIDE CITY LIMITS? IN INSIDE CITY LIMITS? NO DECEMBER AND IN INSIDE CITY LIMITS? NO DECE	CUMBERLAND WEMOTIALITY, GIVE STREET, ADDRESS) MEMOTIAL HOSPITAL WENDTIAL HOSPITAL STATE STATE MD GLEG CUMBERLAND GLEG CUMBERLAND TISCUTY OR TOWN TO THE ADDRESS TO THE MADE ADDRE	CUMBERLAND (F NOT IN SUCH PACIFIC FOR STREET ADDRESS) Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING INFE) RETD PPG/Chess P RETD PPG/Chest PPG RE	

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pri TO FUNERAL DIRECTOR: After this certificate has

MPORTANT: If Item 21

230. BURIAL, CREMATION, REMOVAL (SPECIPULIA)

226. SIGNATURE

saw the deceased alive on.

224 PHYSICIAN'S NAME (THE PENT)

236. DATE 07-30-1986

22s. I certify that (I) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body ofter death

23¢ NAME OF CEMETERY OR CREMATORY Restlawn Memorial Park

22e ADDRESS

DEGREE

ATTENDING

PHYSICIAN |

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

Cumberland Allegany STATE REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR "James F. Scarpelli, Cumberland, MD 21502

A STATE OF THE STA

	STA	TE OF	M	ARYL	AND	
DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGI

1-	FOR STATE REGISTRAR				LTH AND MENTAL HYG ATE OF DEATH	IENES O	0.	2 4	
	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
III	OR PRINT) CHAR	IFS F	ELROY	WIL	SON	JULY 13,	1986		6:05 A
s SEX		4 RACE		ATE OF B		6. AGE (IN YEARS LAST BIT	(YACHTI	IF UNDER 1 YEAR	IF UNDER 24 HRS
Mc	ale	Whi.	te A	MONTH Lugu	st 27, 1899	86	YRS.	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	APPIED	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	aruland	l u.s		DOWED [ALLEGANY	COUNT	Y	MD.
10 CIT	umberland	(IF NOT IN SU	HOSPITAL, NURSING HICH FACILITY, GIVE STREET ADDRE	SS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Self-emp	OF WORKING LIFE		
130. ST Ma	L RESIDENCE (IF NURSING HOM TATE 13b CC Uryland All	LE OR OTHER INSTITUTION DUNTY LEgany	1. GIVE RESIDENCE BEFORE ADMI 136. CITY OR TOWN Ellerslie	13 ₁	ES X NO	13e.STREET ADDRESS #4 Allega	/ ZIP CODE		21529
14. FA	THER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN NAM	WE		LAST	
	James	-	Wilson		Ruth	-		Unkno	own)
	'AS DECEASED EVER IN U.S.		166 SOCIAL SECURITY	NO 17	. INFORMANT	ADDR	ESS		
(1)	ES, NO OR UNKNOWN) (15 YES	GIVE WAR OR DATES)	214-05-466	DAM	ontell Clite	es - Hyndma	n, Pen		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r anly ane cause pe USED BY: DIATE CAUSE (a)	r line for sal, the and ice	La	ilun			APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
NOI	Conditions, if any, which gave rise to immediate cause (a), stoffing the underlying cause last	(b)_ DUE TO, C	OR AS A CONSEQUENCE	OF	famelice gynds ot related to the term	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	ration v	VAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		YEAR 19	I. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FARM, E		I LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE
	22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 7.	13 19 54	, ond t	hot in (my) (our) apinion c	, to <u>7~13</u> deoth occurred on the d		and from the	
	226. SIGNATURE	W Gore)			MEDICAL STA DIRECTOR PHYSI	FF CIAN []	7-13	3-86
				23	e ADDRESS				
	THOMAS GORE			lo	hestnut Stra	eet. Hundma	n. PA.		
	THOMAS GORE	, MD	73, NAMI		hestnut Stre		n, PA.		
23a BU		/AL 236 DATE 7-15-	86 Hill	E OF CEM	ETERY OR CREMATORY Burial Parl	23d. LOCATION		county Legany-l	Maruland

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 8	0	-

- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. I	١٥.		1 7
I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		2a DATE OF DEATH	HTMOM	DAY YEAR	2b HOUR
EVELYN	N ELIZABET	H WIND	LE		07	31 86	1322H M
3 SEX FEMALE	4. RACE CAUSC.	5 DATE OF BIRTH	DAY YEAR	6 AGE IN YEARS LAST B	PRTHDAY]	MONTHS DATS	IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY Md 10. CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL NURSI	MARRIED N	EVER MARRIED DIVORCED	9. BALTIMORE CITY ALLEGA	OR COUNT ANY	TY OF DEATH	MD OF BUSINESS OR
CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE STREET HOS	pital Cum	berland Mo	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	ok
STATE W VA	13c. CITY OR TOV PLEDMON	VN 13d. IN: YESX		13e STREET ADDRESS 47 W HAMP			9999
FATHER'S NAME Walter	MIDDLE Daw		THER'S MAIDEN NA Hêlen	WE		McK	enzie
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECTOR DATES) 220-10		MEMORIAL MEMORIAL	HOSPITAL AVENUE	CUMB	ERLAND	MD 21502
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	Ca Br	LCAT MINAL DISEASE OR COL	NDITION G	SIVEN IN PART 1	0.
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	.200 AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 211 LC	OCATION SIREET	RED (ENTER NATURE OF IN)		B PART 1 OR PART 2)	STATE
AT WORK AT WORK							
saw the deceased alive on	it) view the body after death.	pegree MD	n (my) (our) opinion	MEDICAL STA	AFF	our and fram the	that (I) (we) last causes stated
23d. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial/	N	NAME OF CEMETER		23d LOCATION CITY OR TOWN Weste	rnpor	tAllegar	ny Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove corbon papers. Page 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, or other traumotic event, the retained by the haspital or attending physician. BP. DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Boal Fueral Service Westernport Md.

	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE & 6	1 8	3	4 0
		CEASED NAME OR PRINT)	FIRST OLLY		ILER		MORKMAN		MONTH DA	Y YEAR	26 HOUR 8:50 PM
%	1	emale		White		5. DATE OF	uary 9,1900	6 AGE (IN YEARS LAST BIF	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	w	RTHPLACE (STATE OF I COUNTRY) ST Virgin TY OR TOWN OF DEA	ia	U.S.A.	WHAT COUNTRY?	WIDOWE G HOME (DE OTHER INSTITUTION	9 BALTIMORE CITY OF ALLEGANY 120 USUAL OCCUPAT	COUNTY	126. KIND (MD. OF BUSINESS OR
2	-05UA	umberland	ING HOME OR	SACI OTHER INSTITUTION		HOSP ADMISSION)		Interview	ver.	State	2 06 Md.
2	М	THER'S NAME	Alle		Mt. Sava		13d. INSIDE CITY LIMITS? YES ON NO 15 MOTHER'S MAIDEN NA		/ ZIP CODE	21545	5
6	16a V	William VAS DECEASED EVER		H.	Lille 1166 SOCIAL SECU		I da	Mae	ESS 63 G		Street
/	(1)	es, no or unknown)		WAR OR DATES)	215 .36		Mary Dawn Bo	uckley		erland	d, Md.
		PART I. DEATH W	AS CAUSE	BY: E CAUSE (a)	R AS A CONSEQUE	dise	farlure			3	101
		Canditions, if any, gave rise to important cause (a), stating underlying cause	nediate ig the	(b)	R AS A CONSEQUE	insel	lins			20	yeare.
1	NOIT	PART 2 OTHER SAS	ohe	roman	-, can	un	NOT RELATED TO THE TERM MEAN IN WAS PERFORMED.	MINAL DISEASE OR CON	1206. IF YES.		
1	CERTIFICATION	21g. ACCIDENT WAS UNI		1 216. TIME O		OPERATIO	216 HOW INJURY OCCUP	YES NO X	IN CERTIFYI YES	NG CAUSES	S OF DEATH?
1	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY MEDI- 21d INJURY OCCUR! WHILE NOT WHAT WORK AT WORK	CAUSE OF DEA CALEXAMINER RED	HOUR A. P. 21e PLACE	m. Month da m.	19	211 LOCATION STREET	CITY OF TO		COUNTY	STATE
		22a I certify that (I) saw the decease abave, (I) (we) (c	(this haspi	/_	19		nd that in (my) (aur) apiniar	, ta n death accurred on the c	, 19 late and haur c	and from the	that (I) (we) last causes stated
		DR. BRE		Jean .	y Do	Jet.	ATTENDING PHYSICIAN 2226 ADDRESS	MEDICAL STA		7-2	2-4-PC
1		George 1						d, Maryland	21502		
		Surial, CREMATION,	REMOVAL	7-26-	-86 Hi	DO HO	EMETERY OR CREMATORY	b Cumberla	nd-Alla	COUNTY OF	Maruland

George-Upchurch Funeral Home, P.A.

202 Greene Street-Cumberland, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

	1-	FOR STATE REGISTRAR				STATE C INT OF HEA		MENTAL H	40	ۻ	REG. NO.	8	5	44	4
0-13563		CEASED NAME	FIRST		MIDDLE		LAST		20	DATE H	NOWNXX		DAY	YEAR	26 HOUR
西 英语是由		T ON T KINT!	Nancy		J.	W	right			OF DEATH	MATED [7	24	86	10:2
2	3 SE		TOTAL NO.	ATE OF BIRTH	WE LD	AGE IIN YEARS LAST BIRTHDAY) 12 YRS.	FUNDER 1 Y	R. IF UNDER		DATE ONOUN DE AD	CED	7	24	YEAR 86	10:2
PERSONAL PROPERTY OF THE PARTY	J = B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b C	USA WE	HAT COUNTRY	M	ARRIED	NEVER MARRIE		LLEX	ANY	COUNT	TY OF D		
2/29/5		ITY OR TOWN OF DE		DAOT SACH	PITAL, NURSII	NG HOME, OR RTREHOSP	OTHER INSTI	TUTION	FOR MO	L OCCUP	ATION (TYPE (OF WORK	12b KIN OR	D OF BU	SINESS Y
ANY DE AND 3 IV SETAIN GOUID &	USU 130 S	AL RESIDENCE (IF IN NI TATE MD	URSING HOME OR OTHE	R INSTITUTION, GIV	VE RESIDENCE BEFO	ORE ADMISSION)	13d. INS10 YES	DE CITY LIMITS?	RT.#	L ADDRE	§§ 305	2	15	21	
F. MD.	THE	GEORGE	MIDD	DIE.	WRIĜ	HT	15 MOI	THER'S MAIDE	N NAME	MI	DDIE	0	BRI	ĖN	
ALTIMOS AFIES DE SIVE PACI H FORM AGES I A	160	WAS DECEASED EVER (ES, NO, OR UNKNOWN)	R IN U.S. ARMED F	ORCES?	166 SOCIAL 219 7	SECURITY NO 4334		AN MOSE	S RT#	#1 BC	ADDRESS X 305	BAR	ron,	MD.2	1521
DS, 201 W. PEETON ST. XECUTED W. HIVE HOUR ALE EXAMINE FEETON ALE WAS ALEXAMINE FEETON AND MENTAL AND MENTAL AND OR PERVOYAL		Canditions, if gave rise to cause (o) statin lying couse lost	immediate g the <u>under</u> -	DUE TO, OR (b) DUE TO, OR (c)	OWN'S S AS A CONSEC AS A CONSEC	yndrome QUENCE OF		TION CIVEN IN PAR	I ha		٠		BETW	PROXIMATE VEEN ONSET	INTERVAL T AND DEATH
TAL RECOR HOULD BE E. ND "PENDIN HIEF MEDIC USED AS A DF HEALTH	CERTIFICATION	19a. DATE OF OPER	ATION		TION FOR WH	ICH OPERATIO	N WAS PERF	ORMED?					Y	UTOPSY?	NOXX
CERTIFICATE SETTING THE WORD T	SICAL	UNDERLYING CONTRIBUTING 214 INJURY OCCUR	OR CAUSE OF DEATH	HOUR A.M. P.M. 21e PLACE C	MONTH DA	AY YEAR	LOCATION STREET	RY OCCURRED		CITY OR YOU			RT 2}		STATE
DIVIS TO MEDICAL EXAMINER: THIS CERECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DEPORTINGORE, MARYLAND, 21201 PR	27- 8	WHILE AT WORK NOT AT WORK AT W	Natural cou	i Mastr	cribed above, Accident Accident Cangelo]. Suicide	utapsy	Inspection micide	Undetern	Inquiry Innined mai	and	DATE SIGNE	7-	-24-8 MD	
07/84 BP		BURIAL UNERAL DIRECTOR	JULY		96 FRO	STBURG URCH ST	MEMORI		FROS	TBUF		LEGA TRAR'S S		MD ST.	ATE
DHMH - 17 (VR A15 ME (5))	7	May	nelle	TODESS	WESTER	NPORT,	Ф.	JUL	281	986	Febra D	avidon	~76	ndelle	ja 12

51 EH/E1/5246 XX 51. 1 . 13 353 Basic .a. 21 75 1334 82 7.1 383

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-			6	2	8
	y Be		George 3	ď	

Scarperin

DEP

STATE OF MAKTLAND	Charles and Total	
ARTMENT OF HEALTH AND MENTAL HYGIENE	Service At 1	
CERTIFICATE OF DEATH	REG. NO.	ļ

86	185	45
1		

	FOR STATE REGISTRAR			ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N		185	4:
	CEASED NAME FIRST	MIDDL		LAST		MONTH DAY	YEAR 26 HC	OUR10
	STELL	A N	1. BUSER	WRIGHT	July 1,	1986		A.
3. SEX	(4. RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	The state of the s	ER 24 HR
	Female	White		March 13, 1907	79	YRS.	DAYS HOOKS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Ma	aryland	USA		WIDOWED DIVORCED	A1	legany		٨
10. C11	TY OR TOWN OF DEATH		PITAL, NURSING	HOME OR OTHER INSTITUTION	17a USUAL OCCUPATI	ION 1	26. KIND OF BUSIN	NESS C
	Cumberland			Hospital	Housewife		In Own H	ome
USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU		RESIDENCE BEFORE AL		13e STREET ADDRESS	/ 7IP CODE	215	7)-
Ma			umberlan	nd YES K NO	206 Eas	t Four	th St.	0
	THER'S NAME		LAST	15. MOTHER'S MAIDEN N			LAST	
	William Jo	hn Britto	n	Lou Lou	ise M. Godse	У		
	VAS DECEASED EVER IN U.S. AI		SOCIAL SECURI		ADDRE		21502	
(4	(IF YES, GI	VE WAR OR DATES)	214-05-	9346 Mr. Alfred	Wm. Britter	, Cumbe	rland, Md	. S
	18 CAUSE OF DEATH (Enter a	nly one cause per line	for (a) (b) and	(6)			APPROXIMATE IN	TERVAL ND DEAT
	Canditions, if any, which gave rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS	S A CONSEQUEN	Ide OF	ance			
CATION	Canditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT	S A CONSEQUEN	yroco C	RMINAL DISEASE OR CON 20a AUTOPSY?	20b. IF YES, WI	ERE FINDINGS US	
RIFICATION	Canditions, if any, which gave rise ta immediate couse (o), stofing the underlying couse last. PART 2: OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT	RIBUTING TO DE	Ide of		20b. IF YES, WI	ERE FINDINGS US G CAUSES OF DE	ATH?
CERTIFIC	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 196. CONDITIO	RIBUTING TO DE	ACE OF EATH BUT NOT RELATED TO THE TEL OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	ERE FINDINGS US G CAUSES OF DE NO	ATH?
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M.	RIBUTING TO DE	PERATION WAS PERFORMED 216 HOW INJURY OCCU	200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING	ERE FINDINGS US G CAUSES OF DE NO	ATH?
CAL	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF I	RIBUTING TO DE	PERATION WAS PERFORMED 21c HOW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES T	ERE FINDINGS US G CAUSES OF DE NO	ATH?
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELIFIER CONTRIBUTING COURRED	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF I (AT HOME, STREET, I	RIBUTING TO DE RIBUTING TO DE N FOR WHICH O IJURY MONTH DAY NJURY FACTORY, OFFICE, FAR	PERATION WAS PERFORMED 21c HOW INJURY OCCU	200 AUTOPSY? YES NO STREED (ENTER NATURE OF INJU	20b. IF YES, WI IN CERTIFYING YES T	ERE FIND INGS US G CAUSES OF DE. NO OR PART 2)	STATE
	Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that If this hasp sow the deceased by ive a	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO ATH HOUR A.M. 21b. PLACE OF I (AT HOME, STREET, ital) attended, the de	RIBUTING TO DE RIBUTING TO DE N FOR WHICH O JURY MONTH DAY MULTIPLE MARKET STATE MARKET STATE	PEATH BUT NOT RELATED TO THE TELEPOPERATION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY? YES NO STREED (ENTER NATURE OF INJU	20b. IF YES, WI IN CERTIFYING YES T RY IN ITEM 18 PART 1	ERE FINDINGS US G CAUSES OF DE. NO OR PART 2) COUNTY	STATE (we) lo
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a. I certify that Work 22a. I certify that White haspenses	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO ATH HOUR A.M. 21b. PLACE OF I (AT HOME, STREET, ital) attended, the de	RIBUTING TO DE RIBUTING TO DE N FOR WHICH O JURY MONTH DAY MULTIPLE MARKET STATE MARKET STATE	PERATION WAS PERFORMED THE STREET THE ST	200 AUTOPSY? YES NO DIRRED (ENTER NATURE OF INJU CITY OR IC	20b. IF YES, WINCERTIFY INCERTIFY IN	ERE FINDINGS US G CAUSES OF DE. NO OR PART 2) COUNTY	STATE (we) lo
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting povintion and complete should be detached for use as the burial-transit permit. Then please immore containing the pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, communian, or removal.

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